NIS-Child Hard Copy Questionnaire

Q1/2016

Section S – Screener

Section MR – Most Knowledgeable Respondent Callback

Section B – Flu Vaccination

Section C – Demographics

Section D – Provider

Section E- Health Insurance Module

Confidential Information

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this survey, and will not be disclosed or released to anyone other than authorized staff of CDC without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act
(42 U.S.C. 242.m)

Key to Preload Variables

Variable Name	Response Definition
RDD_NCCELL_CCELL	1 = Landline phone number 2 = Non-consented cell (consent to dial cellular number not received prior to dialing) 3 = Consented cell (consent to dial cellular number received prior to dialing)
INCENT_GRP	1 - Address known, offer $10 2 - Address unknown, offer $11
sample_use_code	1 = NIS AND TEEN 2 = NIS-NSCH 3 = NSCH-only 4 = NIS-TEEN-NSCH 5 = NIS STALLED CASES 6 = NIS-TEEN STALLED CASES
ASK_TEEN	0 - Do not ask Teen interview 1 - Invoke Teen screener/interview

SECTION S

Screener

INTRO_1   **[IF RDD_NCCELL_CCELL = 1 DISPLAY]** Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age, are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the survey. This call will be recorded or monitored.

ELSE IF RDD_NCCELL_CCELL = 2 DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. Your cell phone number has been selected at random. This call will be recorded or monitored.

ELSE IF RDD_NCCELL_CCELL = 3 DISPLAY
Hello, my name is _____. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're conducting a survey with cell phone users regarding childhood immunizations. This call will be recorded or monitored.

ELSE IF P_REGIST=4 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from all 19-35 month old children in the Washington State Immunization Information System (WAIIS) for this survey. This call will be recorded or monitored.

ELSE IF P_REGIST = 2 or 3 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=2 DISPLAY: 'Nevada'; IF P_REGIST=3 DISPLAY: 'Oregon'] Immunization Program to be included in the survey. This call will be recorded or monitored.

ELSE IF P_REGIST = 1 or 5 DISPLAY
Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_REGIST=1 DISPLAY: 'Minnesota'; IF P_REGIST=5 DISPLAY: 'Wisconsin'] Public Health Department to be included in the survey. This call will be recorded or monitored.

ELSE IF P_LAV = 1, 2, 3 or 4 DISPLAY

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization survey to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random from the [IF P_LAV=1 DISPLAY: 'Michigan'; IF P_LAV=2 DISPLAY: 'Minnesota'; IF P_LAV=3 DISPLAY: 'New York City'; IF P_LAV=4 DISPLAY: 'North Dakota'] Public Health Department to be included in the survey. This call will be recorded or monitored.

CONTINUE WITH INTERVIEW without RECORDING

.... 0   GO TO S3_EVAL_R

CONTINUE WITH INTERVIEW and RECORDING . 1   IF RDD_NCCELL_CCELL=1, GO TO S1, ELSE IF RDD_NCCELL_CCELL=2, 3, GO TO S_WARM

CONFIRM BUSINESS 2   GO TO SALZ

OUT OF SCOPE, NOT A PERMANENT

RESIDENCE 3   GO TO THANK_YOU_OOS

TERMINATE THE INTERVIEW 4   GO TO T1

SEE SKIP INSTRUCTIONS 5   IF RDD_NCCELL_CCELL = 1 DISPLAY (5) CELL PHONE GO TOCELL_1, ELSE IF RDD_NCCELL_CCELL=2,3 DISPLAY

(5) LANDLINE =>GO TO LANDLINEEXIT

ANSWERING MACHINE 6GO TO SASERV IF MESSAGE TO BE LEFT ELSE HANG UP

R WILL CALL 800 LINE/VERIFY WEBSITE 7   GO TO CNOTES_1_1

R ASKS FOR LETTER.. 8   GO TO M1_NAME

SUPERVISOR REVIEW 9   GO TO CNOTES_1_1

CONTINUE CASE WITH LANGUAGE LINE 16   CONTINUE CASE WITH LANGUAGE LINE, GO TO S1/N_S1

DROPPED CALL 17   GO TO CNOTES_1_1

INBOUND TEXT MESSAGE..................................... 18   GO TO T1

S3_EVAL_R/S3_EVAL_R_INCENT

YES, RESPONDENT AGREES TO RECORDING/LISTENING 1
NO, THE RESPONDENT DOES NOT AGREE TO RECORDING/LISTENING 2

IF RDD_NCCELL_CCELL=1, GO TO S1; ELSE IF RDD_NCCELL_CCELL=2,3 AND CASE WAS DIALED OUTBOUND GO TO S_WARM; ELSE IF RDD_NCCELL_CCELL=2,3 AND CASE WAS DIALED INBOUND GO TO S1.

S_WARM   IF P_SWEXP=0 DISPLAY: "If you are currently driving a car or doing anything that requires your full attention I need to call you back at a later time."

ELSE IF P_SWEXP=1 DISPLAY: "Is this a safe time to talk with you?"

ELSE IF P_SWEXP=2 DISPLAY: "Since I'm calling your cell phone, I need to ask: Are you currently doing anything that would make it unsafe for you to talk? "

[If P_LRC=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL. THE ORIGINAL NUMBER IS [OLD_NUMBER].

For the control condition (P_SWEXP=0):

HELP TEXT: "FULL ATTENTION" IS WHATEVER IT MEANS TO THE RESOPNDENT. DO NOT DEFINE "FULL ATTENTION" FOR THE RESPONDENT.

For the experimental conditions (P_SWEXP=1,2):

HELP TEXT: "UNSAFE" IS WHATEVER IT MEANS TO THE RESPONDENT. DO NOT DEFINE "SAFE" OR "UNSAFE" FOR THE RESPONDENT.

IF P_SWEXP=0, then display:

(33) CONTINUE > GO TO S1
(44) NOT SAFE TO CONTINUE > GO TO S_ATTN
(55) NOT A CELL PHONE > GO TO LL_EXIT

If P_SWEXP=1,2:

(33) SAFE TO CONTINUE > GO TO S1
(44) NOT SAFE TO CONTINUE > GO TO S_ATTN
(55) NOT A CELL PHONE > GO TO LL_EXIT

S_ATTN   For your safety, we will call you back at another time.

IF P_SWEXP=0 DISPLAY: EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL.

CALL BACK AT ANOTHER TIME1GO TO CB1
CALL BACK AT ANOTHER NUMBER
REQUESTED 2   GO TO CB1N_WARNING
WRONG TIME ZONE FOR CELL PHONE 3   GO TO CELL_TZ_1
GO BACK TO S_WARM 4   GO TO S_WARM

CELL_TZ_1   In what time zone would you like to be called back?

ATLANTIC TIME1SET TZ TO 58 AND GO TO CB1
EASTERN STANDARD TIME 2   SET TZ TO 62 AND GO TO CB1
CENTRAL STANDARD TIME 3   SET TZ TO 65 AND GO TO CB1
STANDARD MOUNTAIN TIME 4   SET TZ TO 69 AND GO TO CB1
US STANDARD MOUNTAIN TIME (AZ) 5   SET TZ TO 68 AND GO TO CB1
PACIFIC STANDARD TIME...................................... 6   SET TZ TO 70 AND GO TO CB1
ALASKAN STANDARD TIME................................... 7   SET TZ TO 71 AND GO TO CB1
HAWAIIAN STANDARD TIME 8   SET TZ TO 72 AND GO TO CB1
GUAM/CHAMORRO STANDARD TIME.................. 9   SET TZ TO 66 AND GO TO CB1
RETURN TO INTRO_1 10   GO TO INTRO_1 ELSE GO TO
                                                                               N_INTRO1

RESPONDENT DOESN'T KNOW/KEEP CURRENT
TIME ZONE 12   GO TO CB1
REFUSED TO CONTINUE/HUNG UP 99   TERMINATE

CELL_1   I have called (READ PHONE NUMBER FROM TOP SCREEN) is this your cell phone number
or has this number been forwarded to your cell phone?

INTERVIEWER INSTRUCTION: DO NOT USE THE HAND ON THIS SCREEN, IF YOU
DON'T KNOW HOW TO CODE THIS CASE, ASK A SUPERVISOR FOR HELP.

CELL PHONE 1   GO TO CELL_EXIT
NUMBER FORWARDED TO CELL PHONE 2   GO TO CB1
RESPONDENT HUNG UP BEFORE
CONFIRMATION.. 3   TERMINATE
GO BACK TO INTRO_1 4   GO TO INTRO_1

CELL_EXIT   We are not interviewing cell telephone numbers at the moment, sorry for the interruption. Thank
you very much

NO CALL NOTES

LANDLINE_EXIT

We are not interviewing landline households at this time, sorry for the interruption. Thank you
very much.

THANK_YOU_OOS

We are only interviewing families living in their usual place of residence, those are all the
questions I have. Thank you.

GO TO INTRO_1

SALZ   Is this telephone number for business use only?

                Yes.. 1   GO TO SALZ_BUS

                No 2   GO TO INTRO_1

                DORM/PRISON/HOSTEL... 3   GO TO SALZ_BUS

                PAGING SERVICE... 4   GO TO SALZ_BUS

MSG_Y   Hello. I am calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health
                and the") Centers for Disease Control and Prevention. We are conducting a nationwide survey
                about childhood immunization. Would you please call us toll-free at 1-877-267-8154 to let us
                know whether or not there are any children between 12 months and 4 years old living or staying
                in this household? The number again is 1-877-267-8154. Thank you.

                INTERVIEWER INSTRUCTION: IF THE AM SAYS THAT YOU CAN PRESS '0' TO
                SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A
                NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO
                THAT YOU CAN LEAVE A MESSAGE.

                LEAVE MESSAGE AND TERMINATE...................... 1   GO TO SASERV

                COULD NOT LEAVE A MESSAGE........................... 2   GO TO SASERV

                ANSWERING MACHINE SAID

                "TAKE ME OFF YOUR LIST"................................... 3   GO TO SASERV

                CONTINUE INTERVIEW... 4   GO TO INTRO_1

MSG_INCENT   [IF INCENT_GRP=Address Available]
                Hello. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health
                and the") Centers for Disease Control and Prevention. Earlier, we had contacted your household
                to participate in a survey regarding the immunizations of the [child who lives/children who live]
                there. I'm calling back to continue the interview. If you would like to participate immediately,
                please call our toll-free number, 1-877-267-8154. In appreciation for your time, we will send you
                $10 after we speak with you. Again, our toll-free number is 1-877-267-8154. Thank you.

                LEAVE MESSAGE AND TERMINATE..................... 1   GO TO SASERV

                COULD NOT LEAVE A MESSAGE........................... 2   GO TO SASERV

                ANSWERING MACHINE SAID "TAKE ME

                OFFYOUR LIST".. 3   GO TO SASERV

                CONTINUE INTERVIEW... 4   GO TO INTRO_1

MSG_INCENT   [IF INCENT_GRP=Phone Only]
              Hello. I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health
              and the") Centers for Disease Control and Prevention. Earlier, we had contacted your household
              to participate in a survey regarding the immunizations of the [child who lives/children who live]
              there. I'm calling back to continue the interview. If you would like to participate immediately,
              please call our toll-free number, 1-877-267-8154. In appreciation for your time, we will send you
              $11 after we speak with you. Again, our toll-free number is 1-877-267-8154. Thank you.

              LEAVE MESSAGE AND TERMINATE 1   GO TO SASERV
              COULD NOT LEAVE A MESSAGE ANSWERING
              MACHINE SAID 2   GO TO SASERV
              "TAKE ME OFF YOUR LIST" 3   GO TO SASERV
              CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_Y_APPT   Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a
              nationwide survey about childhood immunization. When we spoke previously about this
              important study, you or someone in your household requested that we call you back at this time.
              I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to
              return our call anytime at 1-877-267-8154. Also, if you have any questions, that number again is
              1-877-267-8154. Thank you.

              LEAVE MESSAGE AND TERMINATE 1   GO TO SASERV
              COULD NOT LEAVE A MESSAGE 2   GO TO SASERV
              ANSWERING MACHINE SAID
              "TAKE ME OFF YOUR LIST" 3   GO TO SASERV
              CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_PENDING_SCREENED

              Hello. I am calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health
              and the") Centers for Disease Control and Prevention. We recently spoke with someone in this
              household regarding an important nationwide survey on childhood immunizations. Your
              participation is very important to us, we would like to finish the interview at your earliest
              convenience. Please call us toll-free at 1-877-267-8154 to either complete the interview or to
              make an appointment to do so. The number again is 1-877-267-8154.

              LEAVE MESSAGE AND TERMINATE 1   GO TO SASERV
              COULD NOT LEAVE A MESSAGE 2   GO TO SASERV
              ANSWERING MACHINE SAID
              "TAKE ME OFF YOUR LIST" 3   GO TO SASERV
              CONTINUE INTERVIEW 4   GO TO INTRO_1

MSG_CLOSE_DOWN

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a national survey about the health of children and teenagers. I'm sorry that we've missed you. When we spoke previously about this important survey you requested that we call you back at this time. The study will be over in the next few days, so we would greatly appreciate if you call us back as soon as possible. Our toll-free number is 1-877-267-8154. [IF P_INCENT>0, FILL: In appreciation for your time, we will send you <$10/$11>.] Thank you.

LEAVE MESSAGE AND TERMINATE 1   GO TO SASERV

COULD NOT LEAVE A MESSAGE 2   GO TO SASERV

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST" 3   GO TO SASERV

CONTINUE INTERVIEW 4   GO TO INTRO_1

SASERV   WAS THIS A BUSINESS, [IF RDD_NCCELL_CCELL = 1 DISPLAY "CELL PHONE"] [IF RDD_NCCELL_CCELL = 2 OR 3 DISPLAY "LANDLINE / HOUSEHOLD"], OR COULD NOT BE DETERMINED?

IF THE AM SAYS THAT YOU CAN PRESS '0' TO SPEAK TO AN OPERATOR, DO SO. IF AN AM IS ASKING THAT YOU PRESS A NUMBER TO LEAVE A MESSAGE FOR A PARTICULAR PERSON, PRESS "1" SO THAT YOU CAN LEAVE A MESSAGE.BUSINESS 1TERMINATE

BUSINESS 1   TERMINATE

SEE SKIP LOGIC 3   IF RDD_NCCELL_CCELL = 1
                                                              DISPLAY (3) HOUSEHOLD – SET
                                                              TO CALL BACK ELSE IF
                                                              RDD_NCCELL_CCELL = 2, 3
                                                              DISPLAY (3) LANDLINE - SET
                                                              RDD_NCCELL_CCELL = 1

COULD NOT DETERMINE 4   TERMINATE, SET AS CALL BACK

ANSWERING MACHINE SAID

"TAKE ME OFF YOUR LIST" 5   TERMINATE

SEE SKIP LOGIC 9   IF RDD_NCCELL_CCELL = 1
                                                              DISPLAY (9) CELL PHONE ELSE
                                                              IF RDD_NCCELL_CCELL = 2 OR
                                                              3 DO NOT DISPLAY

S1   Am I speaking to someone [IF RDD_NCCELL_CCELL=1 "who lives in this household"] who is over 17 years old?

IF RDD_NCCELL_CCELL = 1 then display: IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD.

I AM THAT PERSON... 1	GO TO S_NUMB
THIS IS A BUSINESS 2	GO TO SALZ
NEW PERSON COMES TO PHONE........................... 3	GO TO INTRO_1
SEE SKIP LOGIC 8	IF RDD_NCCELL_CCELL = 1 DISPLAY (8) DOESN'T LIVE IN HOUSEHOLD - GO TO CALLBACK, SET DISP AND TERMINATE
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (8) DOESN'T USUALLY USE THIS PHONE - GO TO CALLBACK, AND TERMINATE
SEE SKIP LOGIC 9	IF RDD_NCCELL_CCELL = 1 DISPLAY (9) NO PERSON AT HOME WHO IS OVER 17 => GO TO S2_B
	ELSE IF RDD_NCCELL_CCELL = 2, 3 DISPLAY (9) NO, R IS NOT 18 OR OLDER => GO TO S2_B
REFUSED 99	GO TO R1

SALZ   Is this telephone number for business use only?

YES 1	GO TO SALZ_BUS
NO 2	GO TO INTRO_1
DORM/PRISON/HOTEL... 3	GO TO SALZ_BUS
PAGING SERVICE 4	GO TO SALZ_BUS

SALZ_BUS [IF RDD_NCCELL_CCELL = 1 READ] We are interviewing only private residences. Thank you very much.

[ELSE IF RDD_NCCELL_CCELL = 2 OR 3 READ] We are interviewing only persons on their personal cell phones. Thank you very much.

[TERMINATE INTERVIEW]

S2_B   Does anyone [IF RDD_NCCELL_CCELL = 1 live in your household / IF RDD_NCCELL_CCELL = 2, 3 use this cell phone] who is over 17 years old?

IF THE RESPONDENT SAYS NO, READ "Just to clarify, no one is 18 years of age or older lives in this household?"

YES, THEY ARE COMING TO THE PHONE	1	GO TO INTRO_1
YES, BUT NO ONE IS HOME, SO SET A CALLBACK	2	GO TO S2_B_1_WARNING_TEXT
NO, NO ADULTS [IF RDD_NCCELL_CCELL = 1 LIVE IN THE HOUSEHOLD AT ANY TIME / IF RDD_NCCELL_CCELL = 2, 3 USE THIS CELL PHONE]	3	GO TO MINOR_EXIT
IF RDD_NCCELL_CCELL = 1, DISPLAY: TEEN LINE (COLLECT ANOTHER PHONE NUMBER)	4	GO TO S2_C
REFUSED	99	GO TO R1

S2B_B_1_WARNING_TEXT

Thank you, we'll try back another time.

[CREATE AN APPOINTMENT OR SET GENERAL CALL BACK. ENTER DATE/TIME AND CONTACT NAME IF KNOWN]

MINOR_EIT   Those are all the questions I have. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

[TERMINATE INTERVIEW]

S2_C   Is there another telephone number that I should call?_____

GO TO INSTRUCTION: S2_CWARNING: THE PHONE NUMBER FOR THIS INTERVIEW IS CHANGED NOW FROM X TO X.

GO TO CB1 (APPOINTMENT SCREEN) THEN C_NOTES_1_1

S_NUMB How many children between the ages of 12 months and 4 years old are living or staying in your household?

IF THE RESPONDENT ASKS FOR A DEFINITION OF LIVING OR STAYING SAY "Would you consider the child to be living or staying in your household?"

IF ONE OR MORE,

ENTER # OF CHILDREN.. ___ (ENTER 01 to 09) GO TO CP_S3_LTR

IF NO CHILDREN ENTER 0 .... 00 IF P_S3EXP=1 AND P_S3LTR=1 THEN GO TO CP_S3_LTR. ELSE IF P_S3EXP=0 OR IF P_S3EXP=1 AND P_S3LTR=0 THEN: IF SAMPLE_USE_CODE=1 AND ASK_TEEN=0 THEN GO TO LF_INTRO ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18, ELSE IF SAMPLE_USE_CODE=2 THEN GO TO S_UNDR18, ELSE IF SAMPLE_USE_CODE=4 AND ASK_TEEN=0 THEN GO TO S_UNDR18 ELSE IF ASK_TEEN=1 THEN GO TO TIS_UNDER18

DON'T KNOW... 77 GO TO S_NUMB_TERM
REFUSED .... 99 GO TO SNUMBREF

SNUMBREF The only reason we need to know how many children in this household are in this age group is to determine if you're eligible to participate in this survey.

CONTINUE... 1 GO TO S_NUMB
R STILL REFUSES.. 2 SKIP TO SNUMTERM

S_NUMB_TERM

Since we need to know how many children are in this age group in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

[TERMINATE THE INTERVIEW; GO TO UE/R1]

CP_S3_LTR IF P_S3LTR=1 THEN GO TO REVS3LTR, ELSE GO TO S3_INTRO;

REVS3LTR   A letter from the Department of Health and Human Services describing the National Immunization Survey may have been sent to your home recently. Did your household receive this letter?

       YES.. 1
       NO.. 2
       DON'T KNOW.. 77
       REFUSED... 99

IF REVS3LTR=01 AND P_ADVLTR=1 GO TO S3_LTR4;

ELSE

IF P_S3EXP=0 THEN GO TO S3_INTRO;
ELSE IF P_S3EXP=1 and S_NUMB-1-9 THEN All go to S3_INTRO

ELSE IF P_S3EXP=1 and S_NUMB=0 THEN:
IF SUC=1 & ASK_TEEN=0 and ASK_FLU=1 and P_NISK=0, THEN GO TO LF_INTRO
ELSE IF ASK_TEEN=1, THEN GO TO TIS_UNDER18;
ELSE IF P_NISK=1, THEN GO TO K_INTRO.
IF SUC=2, THEN GO TO S_UNDER18 (CSHCN-SCREENER)
IF SUC=4 & ASK_TEEN=0 & P_NISK=0, THEN GO TO S_UNDER18 ELSE IF ASK_TEEN=1
THEN GO TO TIS_UNDER18; ELSE IF P_NISK=1 THEN GO TO K_INTRO
ELSE IF ASK_TEEN=0 AND ASK_FLU=0 THEN GO TO S3_TERM.

S3_LTR4   Do you recall anything that was written in that letter?

IF RESPONDENT SAYS YES AND ADDS AN ADDITIONAL COMMENT, SELECT 02 TO COLLECT THE VERBATIM COMMENT. DO NOT PROMPT FOR A COMMENT

       YES.. 1
       YES.. 2   GO TO S3LTR4V
       NO.. 3
       DON'T KNOW.. 77
       REFUSED... 99

S3LTR4V   COLLECT RESPONSE _____

S3_INTRO/
S3_INTRO_
INCENT Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE 1   IF RDD_NCCELL_CCELL = 2 GO TO S3_X AND SET RDD_NCCELL_CCELL = 3

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S3_LAW

S3_LAW/S3_LAW_INCENT

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. Section308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating contractor, NORC at the University of Chicago, and their agents and contractors, has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members.

CONTINUE..   GO TO S3_X

S3_X   So I'll know which vaccination questions to ask, please tell me the month, day, and year of birth of the (FIRST) child in your household who is between 12 months and 4 years old.

AGREE.. 1   GO TO S3_3M_X
DON'T KNOW 77   GO TO YEARDK_X
REFUSED 99   GO TO YEARREF_X

S3_3M/D/Y_X   Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 4 years old.

REPEAT IF NECESSARY
ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR REFUSED

MONTH	DAY	YEAR
_ _	_ _	_ _ _ _

DATE ....   GO TO S3_CONF_X, IF S_NUMB=2
    AND 1 DOB IS INELIGIBLE AND
    EITHER S3_X OR S3_3_X=77
    THEN GO TO YEARKDK_X

DON'T KNOW ....   GO TO YEARDK_X

REFUSED ....   GO TO YEARREF_X

S3_CONF_X   That would make the [original # of kids derived from S_NUMB] child [age of child in months and years] old; is that correct?

YES 1   IF CHILD IS ELIGIBLE GO TO
    S3_4_X, IF NOT GO TO NEXT CHILD

NO 2   GO TO S3_CONF_WARNING

AGEMONTH1   IF P_REGIST IN (1,2,3,4,5) THEN compute the age in months starting 01/01/13; IF P_LAV IN (1,2,3,4) THEN compute the age in months starting 01/01/13; ELSE IF P_REGIST=0 AND P_LAV= 0 THEN; Compute the age in months at the beginning of the quarter (01/01/16)

AGEMONTH2   IF P_REGIST IN (1,2,3,4,5) THEN compute the age in months starting 06/30/13; IF P_LAV IN (1,2,3,4) THEN compute the age in months starting 06/30/13; ELSE IF P_REGIST=0 AND P_LAV= 0 THEN; Compute the age in months at the end of the quarter (03/31/16)

S3_CONF_WARNING

Please correct the date of birth for this child.

GO TO S3.3, CORRECT DATE OF BIRTH, AND MANUALLY FAST-FORWARD BACK TOTHIS SCREEN.

YEARREF_X   I understand you may be uncomfortable, however, all information is confidential under Federal Law. The only reason we need your child's birthdate is to know which immunization questions to ask (IF NECESSARY: If you would feel more comfortable, I can enter only a month and year of birth.

R STILL REFUSES 1   GO TO YEARQUIT

RETURN TO QUESTIONNAIRE 2   GO TO S3_X

YEARQUIT_X   Since we need a birth date in order to continue, these are all the questions I have at this time. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you have spent answering these questions.

GO TO R1

YEARDK_X The reason we need your child's birth date is to know which immunization questions to ask. Is there anyone available who would know the child's month, day, and year of birth?

YES 1   GO TO PERSON
NO 2   GO TO WHEN_CALL

PERSON_X May I speak with this person now?

YES 1   GO TO BITHD_BOX
NO 2   GO TO WHEN_CALL

WHEN_CALL When would be a good time to reach a person who knows the child's birthdate?

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

APPOINTMENT... 1   GO TO CB1
CONTINUE.. 2   GO TO BITHD_BOX

BITHD_BOX Hi. I'm calling for the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We're calling about an important national survey of immunization. I'd like you to know that this survey is voluntary and is authorized by the U.S. Public Health Service Act. The information you give will be kept in strict confidence and will be summarized for research purposes only. You may choose not to answer any question you don't want to answer or stop at any time with no impact on the benefits you may receive. This call will be recorded or monitored.

CONTINUE.. 1   GO TO S3_X

S3_4_X Is the child born [insert month and year of birth] male or female?

MALE... 1   GO TO S3_5_X
FEMALE.. 2   GO TO S3_5_X
DON'T KNOW 77   GO TO S3_5_X
REFUSED 99   GO TO S3_5_X

S3_5_X So I'll know how to refer to [him/her] during the interview, please tell me [his/her] first name or initials
ENTER "REFUSED AND "DON'T KNOW" AS NECESSARY

_____   GO TO S3_C
DON'T KNOW 77   GO TO S3_C
REFUSED 99   GO TO S3_C

S3_C   I have (FILL number of child/children) child/children listed with a birthdate/birthdates of (FILL birthdate 1, birthdate 2, etc. from S3_3). Do you have any other children between 12 months and 4 years old living or staying in this household that we haven't talked about yet?

YES... 1   GO TO S3_C_WARNING

NO.. 2   IF SAMPLE_USE_CODE = 2 OR 4 AND ASK_TEEN =0 GO TO S_UNDR18 ELSE IF SAMPLE_USE_CODE = 4 AND ASK_TEEN =1 GO TO TIS_UNDR18 ELSE GO TO S3_D_1_1

S3_TERM   Those are all the questions I have. This survey is collecting information on the health of children 17 to 37 months old only. I'd like to thank you on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time you spent answering these questions.

ELSE IF P_REGIST =1, 3, 4 or P_LAV = 1, 2, 3, 4 THEN DISPLAY:

Those are all the questions I have. You may be re-contacted in the future for some follow-up questions or to participate in future surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's toll-free number, 1-877-267-8154. If you have questions about your rights as a survey participant, you may call [IF P_REGIST=4 DISPLAY: '1-360-902-8075, toll-free, and leave a message asking to speak to the Washington State Institutional Review Board's Administrator']1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

[TERMINATE INTERVIEW – IF CELLUSE=1, 2, 77, OR 99, THEN TERMINATE, ELSE SKIP TO R1**]**

S3_D_1_X   Most of the remaining questions will be about [FIRST NAME(S)/INITIALS OF ELIGIBLE CHILD(REN) FROM S3_5].

GO TO S4

S4   Since this survey asks about immunizations children may have received, I need to speak to the person living in your household who knows the most about the immunizations or shots that [FIRST NAMES/INITIALS OF ELIGIBLE CHILD(REN) FROM S3.5] (has/have) received. Are you this person?

YES 1   GO TO S6_INTRO

NO 2   GO TO S5

S5   May I speak with this person now?

YES... 1   GO TO S5_BOX

NO, NOT AT HOME 2   GO TO MR1

S5_BOX   Hi. I'm calling for the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the")
Centers for Disease Control and Prevention. We're calling about an important national] survey of
immunization. I'd like you to know that this survey is voluntary. You may choose not to answer
any questions you don't wish to answer, or end the interview at any time with no impact on the
benefits you may receive. We are required by Federal laws to develop and follow strict procedures
to protect your information and use your answers only for statistical analyses. I'd like to continue
now unless you have any questions.

CONTINUE 1   GO TO S5_EVAL_R

RESPONDENT ASKS FOR DESCRIPTION

OF LAW 2   GO TO S5_LAW

S5_LAW The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection
of information in this survey is authorized by Section 306 of this Act. Through the National
Center for Immunization and Respiratory Diseases, the confidentiality of your responses is
assured by Section 308d of this Act. Would you like me to read the Confidential Information
Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with the
Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and
other applicable Federal laws, your responses will be kept confidential and will not be disclosed
in identifiable form to anyone other than employees or agents. . Every employee who works on
this survey, from the National Center for Immunization and Respiratory Diseases and its
collaborating agency and contractor, NORC at the University of Chicago, and their agents and
contractors who work on this survey has taken an oath to protect the confidentiality of your
information. These employees are subject to disciplinary action, including fines and criminal
charges that may result in imprisonment, if he or she willingly discloses ANY identifiable
information about you or your household members.

GO TO S5_EVAL_R

S5_EVAL_R   YES, RESPONDENT AGREES TO
RECORDING/LISTENING 1   GO TO
S6_INTRO
NO, THE RESPONDENT DOES NOT AGREE TO
RECORDING/LISTENING 2   GO TO
S6_INTRO

S6_INTRO   The remainder of the survey will take about 10 minutes.

ALL GO TO S6_X

S6_X   Do you have any shot records for [NAME OF FIRST CHILD]?

YES. 1   GO TO NEXT CHILD OR B1_X
NO 2   GO TO NEXT CHILD OR B1_X
DONT KNOW 77   GO TO B1_X
REFUSED 99   GO TO B1_X

MR1   Before we hang up, please tell me the first name of the person who knows the most about (this child's/these children's) immunizations.

FIRST NAME:_____GO TO MR3

MR3   Would I call the same telephone number where I reached you?

YES 1   GO TO MR_APP
NO 2   GO TO MR4

MR4   What number should I call?
ENTER AREA CODE AND PHONE NUMBER ONLY (10 DIGITS)
_____

MR_APP   When would be a good time to call back and speak with (NAME FROM MR1)?

SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

IF CALLBACK, SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE CALLBACK INTRODUCTION

APPOINTMENT... 1   GO TO CB1
CONTINUE... 2   GO TO S5_BOX

SECTION B

Flu Vaccination

B1_X   Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received an immunization that is a shot or drops?

YES 1   GO TO B8_X

NO...2   GO TO B8_X

DON'T KNOW...77   GO TO B8_X

REFUSED..99   GO TO B8_X

B8_X   [IF B1_X = 2, 77, OR 99 DISPLAY: Some children who don't receive other immunizations still get vaccinated for the flu.] The next questions are about [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5]'s influenza vaccinations.

Since July 1, 2015 has [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.

YES 1   GO TO B8DMA_X

NO 2   GO TO BNEXTFLU

DON'T KNOW 77   GO TO BNEXTFLU

REFUSED 99   GO TO BNEXTFLU

B8DMA_X   How many flu vaccinations has [FILL VAR: NAME OF FIRST/SECOND.../SIXTH CHILD, FROM S3.5] received since July 1, 2015?

ONE VACCINATION OR DOSE 1   GO TO B8DM_X

TWO VACCINATIONS OR DOSES............................2   GO TO B8DM_X

DON'T KNOW 77   GO TO BLOCATION

REFUSED 99   GO TO BLOCATION

B8DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD, FROM S3.5] receive the [FILL VAR: first/second/…eighth] flu vaccine since July 1,2015 ?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2015 AND NOT AFTER INTERVIEW DATE

GO TO B8D_TYPE
IF MM=77 or 99 AND YYYY < (CURRENT YEAR - 1) , DISPLAY HARD CHECK "NOT WITHIN LAST YEAR...."

IF MM=77 or 99 AND YYYY > CURRENT YEAR DISPLAY HARD CHECK "DATE GIVEN CANNOT BE....AFTER DATE OF INTERVIEW"

B8D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT 1   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                    ELSE GO TO BLOCATION

FLU NASAL SPRAY OR "FLUMIST" 2   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                    ELSE GO TO BLOCATION

DON'T KNOW 77   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                    ELSE GO TO BLOCATION

REFUSED 99   IF B8DMA_X = 2 GO TO B9DM_X,
                                                                    ELSE GO TO BLOCATION

B9DMQM_X   During what month and year did [FILL VAR: NAME OF FIRST/SECOND…/SIXTH CHILD,
            FROM S3.5] receive [his/her] second dose of the flu vaccine since July 1, 2015?

ENTER 77/7777 FOR DON'T KNOW AND 99/9999 FOR REFUSED
IF ONLY YEAR IS KNOWN, ENTER YEAR AND DON'T KNOW (77) FOR MONTH

MONTH	YEAR
_ _	_ _ _ _

ANSWER MUST BE AFTER 07/2015 AND NOT AFTER INTERVIEW DATE

IF DATE NOT 77/7777 OR 99/9999 GO TO B9D_TYPE
ELSE GO TO BLOCATION

IF MM=77 or 99 AND YYYY < (CURRENT YEAR -1) DISPLAY HARD CHECK "NOT
WITHIN LAST YEAR..."

IF MM=77 or 99 AND YYYY > (CURRENT YEAR) DISPLAY HARD CHECK "DATE
GIVEN CANNOT BE....AFTER DATE OF INTERVIEW"

B9D_TYPE   Was this a shot or the spray in the nose?

FLU SHOT 1   GO TO BLOCATION
FLU NASAL SPRAY OR "FLUMIST" 2   GO TO BLOCATION
DON'T KNOW 77   GO TO BLOCATION
REFUSED 99   GO TO BLOCATION

BLOCATION   At what kind of place did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] get [FILL VAR: his/her] most recent flu vaccination?

DOCTOR'S OFFICE

[IF IAP=106 DISPLAY: INTERVIEW ER NOTE:

DOCTOR'S OFFICE INCLUDES PRIVATE PROVIDER

AND REFORMA PROVIDER] 01

HEALTH DEPARTMENT 02

CLINIC OR HEALTH CENTER 03

HOSPITAL 04

OTHER MEDICALLY-RELATED PLACE 05

PHARMACY OR DRUG STORE 06

WORKPLACE 07

ELEMENTARY/MIDDLE/HIGH SCHOOL 08

OTHER NONMEDICALLY-RELATED PLACE

[IF IAP=106 DISPLAY: INTERVIEWER NOTE:

INCLUDES MASS VACCINATION CLINICS HELD

AT SPORTS ARENAS] 09

DON'T KNOW 77

REFUSED 99

IF B8DM OR B9DM NOT 7777/9999 THEN DO: IF TODAY'S DATE IS BEFORE JULY 1, 2015 GO TO B_PREF ELSE GO TO B10LIFE

BNEXTFLU   How likely is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] to get a flu vaccination between now and the end of June, 2016? Would you say [FILL VAR: he/she]:

Will definitely get one .... 1 GO TO B10A_X

Will probably get one 2   GO TO B10A_X

Will probably not get one, or 3   GO TO B10A_X

Will definitely not get one 4   GO TO B10A_X

DON'T KNOW 77   GO TO B10A_X

REFUSED 99   GO TO B10A_X

IF TODAY'S DATE IS BEFORE JULY 1, 2015 GO TO BVISIT ELSE GO TO B10LIFE

B_PREF   Earlier you mentioned that [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] received a flu vaccination. If you would have a choice, do you prefer [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] receive the flu spray, the flu shot, or you have no preference?

PREFER SPRAY 1   GO TO B_PSPRAY

PREFER SHOT 2   GO TO B_PSHOT

NO PREFERENCE 3   GO TO BVISIT

DON'T KNOW 77   GO TO BVISIT

REFUSED 99   GO TO BVISIT

B_PSPRAY   Why do you prefer the flu spray?
            ENTER VERBATIM ....___

            IF B8D_TYPE=01 AND B9D_TYPE =(01 OR BLANK) THEN GO TO B_DIFF1.

            ELSE GO TO BVISIT

B_PSHOT   Why do you prefer the flu shot?

            ENTER VERBATIM ....___

            IF B8D_TYPE=02 AND B9D_TYPE =(02 OR BLANK) THEN GO TO B_DIFF2.

            ELSE GO TO BVISIT

B_DIFF1   Earlier you said that [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]
            received a flu shot and you prefer the flu spray. Why did [FILL VAR: NAME OF
            FIRST/SECOND…/NINTH CHILD, FROM S3_5] not get the flu spray? Was it because the doctor
            offered only the flu shot, because of cost, or because of some other reason? MARK ALL THAT
            APPLY

            DOCTOR OFFERED ONLY THE SHOT.....................1   GO TO BVISIT
            COST REASONS...2   GO TO BVISIT
            SOME OTHER REASON..............................3   GO TO B_DIFF10
            DON'T KNOW 77   GO TO BVISIT
            REFUSED 99   GO TO BVISIT

B_DIFF10   What was this other reason?

            ENTER VERBATIM .... ___   GO TO BVISIT

B_DIFF2   Earlier you said that [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5]
            received a flu spray and you prefer the flu shot. Why did [FILL VAR: NAME OF
            FIRST/SECOND…/NINTH CHILD, FROM S3_5] not get the flu shot? Was it because the doctor
            offered only the spray, because of cost, or because of some other reason? MARK ALL THAT
            APPLY

            DOCTOR OFFERED ONLY THE SHOT.....................1   GO TO BVISIT
            COST REASONS...2   GO TO BVISIT
            SOME OTHER REASON..............................3   GO TO B_DIFF20
            DON'T KNOW 77   GO TO BVISIT
            REFUSED 99   GO TO BVISIT

B_DIFF20   What was this other reason?

                ENTER VERBATIM .... ___   GO TO BVISIT

BVISIT   Since July 1ˢᵗ, has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] had a
                visit to a doctor or other health professional about his or her health?

                YES 1   GO TO BVISITR
                NO 2   GO TO B10LIFE
                DON'T KNOW 77   GO TO B10LIFE
                REFUSED 99   GO AT B10LIFE

BVISIT_REC   Since July 1st, did a doctor or other health professional tell you they recommend or say it was a
                good idea for [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] to get a
                flu vaccination?

                [IF RESPONDENT SAYS DOCTOR WAS NEUTRAL OR "DOCTOR SAID IT WAS MY
                CHOICE," SELECT "NO"]

                YES 1   GO TO BVISITRY
                NO 2   GO TO BVISITRN
                DON'T KNOW 77   GO TO B10LIFE
                REFUSED 99   GO AT B10LIFE

                BVISIT_REC_YES
                Did the doctor or other health professional recommend the flu spray, recommend the flu shot, or not
                specify spray or shot?

                RECOMMENDED SPRAY 1
                RECOMMENDED SHOT 2
                DID NOT SPECIFY SPRAY OR SHOT 3
                DON'T KNOW 77
                REFUSED 99

                ALL GO TO B10LIFE

BVISIT_REC_NO

You said a doctor or health professional did not recommend a flu vaccination for [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] . Did he or she not mention the flu vaccination, mentioned it but was neutral, recommend not to get a flu vaccination [IF B8=01 THEN DISPLAY: ", or did not give a recommendation because your child was already vaccinated"]?

DIDN'T MENTION FLU VACCINATION...................1

MENTIONED FLU VACCINATION BUT WAS
NEUTRAL 2

RECOMMENDED CHILD NOT GET A FLU
VACCINATION 3

[DISPLAY IF B8=01]
DIDN'T GIVE A RECOMMENDATION BECAUSE
CHILD ALREADY VACCINATED.............................4
DON'T KNOW 77
REFUSED 99

ALL GO TO B10LIFE

B10LIFE

Thinking about all of the flu vaccinations [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] received in [FILL VAR: his/her] life before this flu season, that is before July 1, 2015, how many flu vaccinations did [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] receive? Was it 0 vaccinations, 1 vaccination, or 2 or more vaccinations?

[INTERVIEWER NOTE: IF NEEDED, LET THE RESPONDENT KNOW TO INCLUDE BOTH SHOT AND SPRAY WHEN CONSIDERING THE NUMBER OF VACCINATIONS.]

ONE FLU VACCINATION 1   GO TO B6_G
TWO OR MORE FLU VACCINATIONS 2   GO TO B6_G
ZERO FLU VACCINATIONS..3   GO TO B6_G
DON'T KNOW..77   GO TO B6_G
REFUSED 99   GO TO B6_G

B6_G_X

I've been asking about shots received by [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]. Now I would like to ask, has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] ever been ill with chicken pox or varicella?

Yes...1   GO TO B6_H_X
No 2   GO TO CWIC_01
DON'T KNOW 77   GO TO CWIC_01
REFUSED 99   GO TO CWIC_01

B6_H_X

How old was [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5], in months, when [FILL VAR: he/she] had chicken pox?

AGE IN MONTHS...____   GO TO CWIC_01
DON'T KNOW 77   GO TO B6_I_X
REFUSED 99   GO TO B6_I_X

B6_I_X   Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]…

…one to six months old? 01   GO TO CWIC_01

…seven to twelve months old? 02   GO TO CWIC_01

…13 to 18 months old? 03   GO TO CWIC_01

…19 to 24 months old? 04   GO TO CWIC_01

…25 to 30 months old? 05   GO TO CWIC_01

…31 to 38 months old? 06   GO TO CWIC_01

DON'T KNOW 77   GO TO CWIC_01

REFUSED 99   GO TO CWIC_01

CWIC_01_X   The following questions are about the WIC program. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education.

Has [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever received WIC benefits?

YES	1	GO TO CWIC_02_X
NO	2	GO TO CBF_01_X
DON'T KNOW	77	GO TO CBF_01_X
REFUSED	99	GO TO CBF_01_X

CWIC_02_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] currently receiving WIC benefits?

YES	1	GO TO CBF_01_X
NO	2	GO TO CBF_01_X
DON'T KNOW	77	GO TO CBF_01_X
REFUSED	99	GO TO CBF_01_X

CBF_01_X   Now I have a couple of questions on infant feeding.

Was [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] ever breastfed or fed breastmilk?

YES	1	GO TO CBF_02_X
NO	2	GO TO C1
DON'T KNOW	77	GO TO C1
REFUSED	99	GO TO C1

CBF_02L_X   How old was [FILL CHILD'S NAME] when [FILL CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?

ENTER 888 FOR STILL BREASTFEEDING
ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

NUMBER .... ___		GO TO CBF_02RU_X
STILL BREASTFEEDING	888	GO TO CBF_03_X
DON'T KNOW	777	GO TO CBF_03_X
REFUSED	999	GO TO CBF_03_X

CBF_02RU_X   ENTER PERIOD:

  DAYS 1   GO TO CBF_03_X

  WEEKS 2   GO TO CBF_03_X

  MONTHS 3   GO TO CBF_03_X

  YEARS 4   GO TO CBF_03_X

CBF_03_X   How old was [FILL CHILD'S NAME] when (he/she) was first fed formula?

  ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH
  ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

  ENTER NUMBER... ___   GO TO CBF_04_X

  AT BIRTH 000   GO TO CBF_N_X

  DON'T KNOW.. 777   GO TO CBF_N_X

  NEVER 888   GO TO CBF_N_X

  REFUSED.. 999   GO TO CBF_N_X

CBF_04_X   ENTER PERIOD:

  DAYS 1   GO TO CBF_N_X

  WEEKS 2   GO TO CBF_N_X

  MONTHS 3   GO TO CBF_N_X

  YEARS 4   GO TO CBF_N_X

CBF_N_X   This next question is about the first thing that [FILL CHILD'S NAME] was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL CHILD'S NAME] might have been given, even water,. How old was [FILL CHILD'S NAME] when (he/she) was first fed anything other than breast milk or formula?

  ENTER 888 FOR NEVER, ENTER 000 FOR AT BIRTH
  ENTER 777 FOR DON'T KNOW AND 999 FOR REFUSED

  ENTER NUMBER...___   GO TO CBF_U_X

  NEVER 888   GO TO C1

  AT BIRTH 000   GO TO C1

  DON'T KNOW.. 777   GO TO C1

  REFUSED.. 999   GO TO C1

CBF_U_X   ENTER PERIOD:

  DAYS...1   GO TO C1

  WEEKS..2   GO TO C1

  MONTHS...3   GO TO C1

  YEARS 4   GO TO C1

C1   Now I have some questions about your entire household.

      Including the adults and all the children, how many people live in this household?
      ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

      NUMBER OF PEOPLE .... ____ GO TO C1_A

      DON'T KNOW.. 77 GO TO C1_C

      REFUSED .... 99 GO TO C1_C

C1_A   How many of these are adults 18 years of age or older?

      ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
      NUMBER OF PEOPLE .... ____ GO TO C1_B

      DON'T KNOW.. 77 GO TO C1_C

      REFUSED .... 99 GO TO C1_C

C1_B   And that means that [FILL VAR: ANSWER TO C1-ANSWER TO C1A] of these people are under 18 years of age?

      YES .... 1 GO TO C1_C IF ANSWER TO C1_B
                                IS GREATER THAN OR EQUAL TO
                                S_NUMB+1, ELSE GO TO C2_06Q3

      NO... 2 C1 AND/OR C1_A
      DON'T KNOW.. 7 GO TO C1_C
      REFUSED .... 99 GO TO C2_06Q3

      [IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1_C, OTHERWISE, SKIP TO C2]

C1_C   How many children less than 12 months old live in this household?
      ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

      NUMBER.. ____ GO TO C2_06Q3_X

      DON'T KNOW .... 77 GO TO C2_06Q3_X

      REFUSED ....99 GO TO C2_06Q3_X

C1_C_WARNING

      IF NUMBER AT C1_C <=C1_A WHEN C1 AND C1_A <> 77 OR 99, DISPLAY:

      YOU HAVE ENTERED A NUMBER THAT IS GREATER THAN THE TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD. PLEASE CORRECT.

C2_06Q3_X   Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES	1	GO TO C2_A_06Q3_X
NO	2	GO TO C3
DON'T KNOW	77	GO TO C3
REFUSED	99	GO TO C3

C2_A_06Q3_X IF IAP=095 THEN DISPLAY:

Is [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?

ELSE DISPLAY:

Is [child] Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin? CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,

CHICANO/A	1	GO TO C3_X
PUERTO RICAN	2	GO TO C3_X
CUBAN	3	GO TO C3_X
CENTRAL AMERICAN	4	GO TO C3_X
SOUTH AMERICAN	5	GO TO C3_X

OTHER HISPANIC, LATINO/A, OR SPANISH

ORIGIN (SPECIFY)	10	GO TO C2_OTHR1_06Q3_X
DOMINICAN [DISPLAY IF IAP=095]	11	GO TO C3_X
DON'T KNOW	77	GO TO C3_X
REFUSED	99	GO TO C3_X

C2_OTHR1_06Q3_x

ENTER OTHER SPECIFY

_____ ....GO TO C3_X

C3_X   Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.]'s race. Is [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?
CLICK ALL THAT APPLY

WHITE 1

BLACK/AFRICAN AMERICAN 2

AMERICAN INDIAN 3

ALASKA NATIVE 4

ASIAN 5

NATIVE HAWAIIAN 6

PACIFIC ISLANDER 7

OTHER 8   GO TO C3_OTHRX

DON'T KNOW 77

REFUSED 99

IF OPTION 08 IS SELECTED, FOLLOW THAT LOGIC FIRST.

IF 05 IS SELECTED GO TO C3_ASIAN,

IF 07 IS SELECTED GO TO C3_PACI,

IF 05 AND 07 ARE SELECTED GO TO C3_ASIAN FIRST

IF MORE THAN ONE ANSWER AT C3 AND RESPONSE NE 05, 07 GO TO C5,

ELSE GO TO C5

C3_OTHRX   ENTER OTHER SPECIFY

_____

IF C3 INCLUDES 05, GO TO C3_ASIAN,

ELSE IF C3 INCLUDES 07 GO TO C3_PACI,

ELSE IF C3 INCLUDES 05 AND 07 GO TO C3_ASIAN FIRST

ELSE GO TO C5

C3_ASIAN   Is [child] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes [child] best.

ASIAN INDIAN..1

CHINESE 2

FILIPINO 3

JAPANESE 4

KOREAN 5

VIETNAMESE 6

OTHER ASIAN 7

DON'T KNOW 77

REFUSED 99

IF C3_X INCLUDES 7 GO TO C3_PACISLE,
ELSE GO TO C5_X

C3_PACISLE   Is [child] Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes [child] best.

GUAMANIAN OR CHAMORRO 1   GO TO C5_X

SAMOAN...2   GO TO C5_X

OTHER PACIFIC ISLANDER....................................3   GO TO C5_X

DON'T KNOW 77   GO TO C5_X

REFUSED 99   GO TO C5_X

C5_X   What is your relationship to [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR

FEMALE GUARDIAN 1

FATHER (STEP, FOSTER, ADOPTIVE) OR

MALE GUARDIAN 2

SISTER OR BROTHER (STEP/FOSTER/

HALF/ADOPTIVE)...3

IN-LAW OF ANY TYPE 4

AUNT/UNCLE 5

GRANDPARENT 6

OTHER FAMILY MEMBER...7

FRIEND 8

DON'T KNOW...77

REFUSED...99

IF FIRST ELIGIBLE CHILD, GO TO C6_06Q3. ELSE IF SECOND OR LATER ELIGIBLE CHILD, GO TO C5_A.

RULES FOR ASKING C6 (EDUCATION), C7 (MARITAL STATUS), C8-C10 (RACE-ETHNICITY) AND C11 (RESIDENCE AT CHILD'S BIRTH):
I. ONLY ONE CHILD IN HOUSEHOLD: ASK EACH QUESTION ONCE
II. TWO OR MORE CHILDREN IN HOUSEHOLD:
    A. ASK FOR A CHILD ONLY IF THIS IS THE FIRST CHILD WHERE RESPONDENT IS MOTHER
       (C5=01)
    B. ALWAYS ASK WHEN RESPONDENT IS NOT MOTHER (C5≠01) THEN DO:
      i. IF C5_A =01, ASK ONLY FOR THE FIRST CHILD.
      ii. IF C5_A ≠ 01, ASK FOR EACH CHILD

C5_A   Is [FILL VAR: NAME OF SECOND…NINTH CHILD FROM S3.5]'s mother the same as [first child]'s mother?

YES 1

NO 2

DON'T KNOW 77

REFUSED 99

C6_06Q3_X   What is the highest grade or year of school (you have /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother has) completed?

READ IF NECESSARY

8th GRADE OR LESS 1   GO TO C7_X
9th-12th GRADE NO DIPLOMA 2   GO TO C7_X
HIGH SCHOOL GRADUATE OR
GED COMPLETED 3   GO TO C7_X
COMPLETED A VOCATIONAL, TRADE,
OR BUSINESS SCHOOL PROGRAM.........................4   GO TO C7_X
SOME COLLEGE CREDIT BUT NO DEGREE...........5   GO TO C7_X
ASSOCIATE DEGREE (AA, AS) 6   GO TO C7_X
BACHELOR'S DEGREE (BA, BS, AB) 7   GO TO C7_X
MASTER'S DEGREE (MA, MS, MSW, MBA)............8   GO TO C7_X
DOCTORATE (PhD, EdD) or PROFESSIONAL
DEGREE (MD, DDS, DVM, JD) 9   GO TO C7_X
DON'T KNOW...77   GO TO C7_X
REFUSED...99   GO TO C7_X

C7_X   (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'S mother) now married, widowed, divorced, separated, never married, or living with a partner?

INSTRUCTIONS FOR INTERVIEWER: IF R SAYS BOTH "NEVER MARRIED" AND "LIVING WITH PARTNER" ASK THE R TO SELECT THE OPTION THAT FITS BEST

MARRIED..1   GO TO C8_06Q3_X
WIDOWED 2   GO TO C8_06Q3_X
DIVORCED 3   GO TO C8_06Q3_X
SEPARATED...4   GO TO C8_06Q3_X
NEVER MARRIED 5   GO TO C8_06Q3_X
DECEASED 6   GO TO C8_INTRO
LIVING WITH PARTNER...7   GO TO C8_06Q3_X
DON'T KNOW 77   GO TO C8_06Q3_X
REFUSED 99   GO TO C8_06Q3_X

C8_INTRO   The next few questions ask for some background information about (eligible child)'s mother. I understand that it may be difficult to answer these questions. Please know we are asking them because they're important for the survey. (READ IF NECESSARY: If you feel uncomfortable answering any of these questions, please let me know and I will move on to the next question.)

C8_06Q3_X   IF C7_X= 6

Was [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)?

IF C7_X ≠ 6

Are you/is [FILL VAR: NAME OF FIRST/SECOND/NINTH CHILD, FROM S3_5]'s mother of Hispanic or Latino origin? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CHICANO/A, PUERTO RICAN, CUBAN, CENTRAL AMERICAN, SOUTH AMERICAN, [IF IAP=095 display, "DOMINICAN,"] OR ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN)

YES 1   GO TO C8_A_06Q3
NO.. 2   GO TO C9_X
DON'T KNOW.. 77   GO TO C9_X
REFUSED.. 99   GO TO C9_X

C8_A_06Q3   IF IAP=095 THEN DISPLAY:

(IF C5=1 THEN DISPLAY "Are you"/ELSE DISPLAY "is [child]'s mother") Mexican, Mexican-American, , Chicano/a, Puerto Rican, Cuban, Central American, South American, Dominican, or of other Hispanic, Latino/a, or Spanish origin?)

ELSE DISPLAY:

Are you / Is [child]'s mother) Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, or of other Hispanic, Latino/a, or Spanish origin? CLICK ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN-AMERICAN,
CHICANO/A 1   GO TO C9_X
PUERTO RICAN... 2   GO TO C9_X
CUBAN.. 3   GO TO C9_X
CENTRAL AMERICAN.. 4   GO TO C9_X
SOUTH AMERICAN 5   GO TO C9_X
OTHER HISPANIC, LATINO/A, OR SPANISH
ORIGIN (SPECIFY) 10   GO TO C8_OTHR1_06Q3_X
DOMINICAN [DISPLAY IF IAP=095]...................... 11   GO TO C9_X
DON'T KNOW.. 77   GO TO C9_X
REFUSED.. 99   GO TO C9_X

C8_OTHR1_06Q3_X

ENTER OTHER SPECIFY

_____GO TO C9_X

C9_X   Now I'm going to read a list of categories. Please choose one or more of the following categories to describe (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race. (Are you/is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother) White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? [CLICK ALL THAT APPLY]

WHITE 1
BLACK/AFRICAN AMERICAN.................................2
AMERICAN INDIAN 3
ALASKA NATIVE 4
ASIAN 5
NATIVE HAWAIIAN. 6
PACIFIC ISLANDER..7
OTHER (SPECIFY)..8   GO TO C9_OTHRX
DON'T KNOW 77
REFUSED 99
ALL RESPONSES EXCEPT 8 TO GO C9_LOGIC

C9_OTHRX   ENTER OTHER SPECIFY

_____

GO TO C9_LOGIC

C9_LOGIC   IF 05 IS SELECTED, GO TO C10_ASIA, IF 07 IS SELECTED GO TO C10_PACISLE, IF 05 AND 07 ARE SELECTED GO TO C10_ASIA FIRST
IF MORE THAN ONE ANSWER AT C9 AND RESPONSE NE 05, 07, 08 GO TO C10,
ELSE IF ONLY ONE ANSWER GO TO C10AMDY

C9_API   Is your[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD FROM S3.5]'s mother)
Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese,
Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes your/[FILL VAR: NAME
OF FIRST/SECOND…NINTH CHILD FROM S3.5]'s mother) best.

CHAMORRO 1

FILIPINO 2

CHUUKESE...3

POHNPEIAN 4

PALAUAN 5

YAPESE 6

KOSRAEAN 7

MARSHALLESE 8

JAPANESE 9

KOREAN 10

CHINESE 11

VIETNAMESE 12

THAI 13

OTHER...14   GO TO C9_APIOT

DON'T KNOW 77

REFUSED 99

ALL EXCEPT 14 DO: IF MORE THAN ONE SELECTED AT C9 GO TO C10, ELSE IF
ONLY ONE SELECTED AT C9 GO TO C10AMDY.

C9_APIOT   ENTER OTHER SPECIFY

_____

IF MORE THAN ONE SELECTED AT C9 GO TO C10,
ELSE IF ONLY ONE SELECTED AT C9 GO TO C10A_X.

C10_ASIAN   (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's)
Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?READ IF
NECESSARY: Please choose the one category that describes your/[child]'s mother best.

        ASIAN INDIAN 1

        CHINESE 2

        FILIPINO 3

        JAPANESE 4

        KOREAN 5

        VIETNAMESE 6

        OTHER ASIAN 7

        DON'T KNOW 77

        REFUSED 99

IF C9 INCLUDES 7 GO TO C10_PACISLE,
ELSE IF MORE THAN ONE ANSWER AT C9 GO TO C10,
LSE GO TO C10A_X

C10_PACISLE   (Are you/Is [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's)
Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes your/[child]'s mother best.

        GUAMANIAN OR CHAMORRO 1

        SAMOAN...2

        OTHER PACIFIC ISLANDER....................................3

        DON'T KNOW 77

        REFUSED 99

IF MORE THAN ONE ANSWER AT C9 GO TO C10,
ELSE GO TO C10A_X

C10_X   Which do you feel best describes (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) race?

WHITE 1

BLACK/AFRICAN AMERICAN 2

AMERICAN INDIAN 3

ALASKA NATIVE 4

ASIAN...5

NATIVE HAWAIIAN 6

PACIFIC ISLANDER 7

OTHER (SPECIFY) 8   GO TO C10_OTHR

C9_OTHRX...9

DON'T KNOW 77

REFUSED 99

ALL BUT 8 GO TO C10A_X

C10_OTHR   ENTER OTHER SPECIFY

_____

C10A_X   What is (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) month, day, and year of birth?

ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR REFUSED

ENTER BIRTH DATE (MM/DD/YYYY)_____/_____/_____

[IF MONTH=DK/REF OR YEAR=DK/REF, THEN GO TO C10B_X, ELSE GO TO CHMAGE_X F C10AMDY_X < 13 YEARS OR > 60 YEARS, ELSE SKIP TO C11_X]

C10B_X   What is (your/[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE.._____

DON'T KNOW 77

REFUSED 99

GO TO CHMAGE_X IF C10AMDY_X < 13 Years or > 60 Years

CHMAGE_X   This would make you/r (child's) mother (age in years) years old, is that correct?

YES 1   GO TO C11_X

NO 2   C10AM_X

C11_X   (Do you/Does [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother
               live at the same address as (you/she) did when [FILL VAR: NAME OF FIRST/SECOND…/NINTH
               CHILD, FROM S3.5] was born?

               YES 1   GO TO CFAMINC
               NO 2   IF IAP=106 GO TO C11CPR; ELSE
                                                                                                      GO TO C11A_X

               DON'T KNOW 77   GO TO CFAMINC
               REFUSED 99   GO TO CFAMINC

C11CPR_X   Did (you/the [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother)
               live in Puerto Rico when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]
               was born?

               YES 01   (SKIP TO C11APR_X)
               NO 02   (SKIP TO C11A_X)
               DON'T KNOW 77   (SKIP TO CFAMINC)
               REFUSED 99   SKIP TO CFAMINC)

C11APR_X   In what city did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s
               mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5] was
               born?

               ENTER CITY _____ GO TO C11B_X

C11A_X   In what city, county, and state did (you//[FILL VAR: NAME OF FIRST/SECOND…/NINTH
               CHILD, FROM S3.5]'s mother) live when /[FILL VAR: NAME OF FIRST/SECOND…/NINTH
               CHILD, FROM S3.5] was born?

               IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"
               IF CITY OR COUNTY IS REFUSED, ENTER "REF"
               "IF CHILD IS FOREIGN BORN, SELECT 'FC - Foreign Country'."

               ENTER CITY _____ GO TO C11A_COUNTY_X

C11A_COUNTY_X
               ENTER COUNTY _____GO TO C11A_STATE_X

C11A_STATE_X

        ENTER STATE _____

        IF CHILD IS FOREIGN BORN, SELECT 'FC' (Foreign Country)

        IF "FC" WAS SELECTED, GO TO C11A_VERBATIM_1; ELSE GO TO C11B_X

C11A_VERBATIM_1

        READ IF NECESSARY: In what country was that?

        ENTER COUNTRY _____GO TO CFAMINC

C11B_X   What was (your/ [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3.5]'s mother's) zip code at that time?

        ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

        _____ ....GO TO CFAMINC

        DON'T KNOW...77777   GO TO FAMINC
        REFUSED...999999   GO TO FAMINC

C11D_X   In what village did (you/[FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5]'s mother) live when [FILL VAR: NAME OF FIRST/SECOND…NINTH CHILD, FROM S3.5] was born?

        READ IF NECESSARY

        AGANA HEIGHTS 1
        AGAT 2
        ASAN...3
        BARRIGADA...4
        CHALAN PAGE. 5
        DEDEDO 6
        HAGATNA/AGANA..7
        INARAJAN..8
        MAINA 9
        MAITE...10
        MANGILAO...11
        MERIZO 12
        MONGMONG 13
        ORDOT..14
        PITI..15
        SANTA RITA...16
        SINAJANA 17

TALOFOFO	....	18
TAMUNING-TUMON	....	19
TOTO	....	20
UMATAC	....	21
YIGO	....	22
YONA	....	23
DON'T KNOW	....	77
REFUSED	....	99

CFAMINC Please think about your total combined family income during 2015 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

IF RESPONDENT GIVES INCOME RANGE READ: What amount would you like me to enter?

$ _____		GO TO CINC
DON'T KNOW	77	GO TO C12_DONT_KNOW
REFUSED	99	GO TO C12_REFUSED

C12 _DONT_KNOW

You may not be able to give us an exact figure for your total combined family income, but was your total family income during 2015 more or less than $20,000?

More than $20,000.	1	GO TO C16
$20,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $20,000	3	GO TO C13
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C12_REFUSED Income is important in analyzing the immunization information we collect. For example, this information helps us to learn whether persons in one group use these medical services more or less than those in another group. Now you may not be able to give us an exact figure for your total combined family income, but was your total family income during 2015 more or less than $20,000?

More than $20,000.	1	GO TO C16
$20,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $20,000	3	GO TO C13
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C13   Was the total combined FAMILY income more or less than $10,000?

More than $10,000. 1   GO TO C15

$10,000 2   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

Less than $10,000 3   GO TO C14_A

DON'T KNOW 77   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

C14_A   Was it more than $7,500?

YES 1   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

NO ....   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

DON'T KNOW 77   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLANDELSE
                                                                                        GO TO C19A

C15   Was it more than $15,000?

YES 1   GO TO C15_A
NO. 2   GO TO C15_B
DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

C15_A   Was it more than $17,500?

YES 1   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

NO 2   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE
                                                                                        GO TO C19A

C15_B   Was it more than $12,500?

YES 1   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

NO ....   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C16   Was the total combined FAMILY income more or less than $40,000?

More than $40,000. 1   GO TO C16_A

$40,0002IF IAP=095 G

.O TO C_ISLAND, ELSE GO TO C19A

Less than $40,000..3   GO TO C17

DON'T KNOW77IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED99IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C16_A   Was the total combined FAMILY income more or less than $60,000?

More than $60,000. 1   GO TO C18

$60,0002IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $60,000..3   GO TO C16_B

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C16_B   Was the total combined FAMILY income more or less than $50,000?

More than $50,000. 1   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

$50,000..2   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

Less than $50,000 3   GO TO C16_C

DON'T KNOW 77   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

REFUSED 99   IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C16_C	Was the total combined FAMILY income more or less than $45,000?		
	More than $45,000. 1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	$45,000 2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	Less than $45,000...3	GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C17	Was the total combined FAMILY income more or less than $30,000?	
	More than $30,000. 1	GO TO C17_A
	$30,000 2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	Less than $30,000...3	GO TO C17_B
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C17_A	Was the total combined FAMILY income more or less than $35,000?	
	More than $35,000. 1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	$35,000 2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	Less than $35,000...3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C17_B	Was the total combined FAMILY income more or less than $25,000?	
	More than $25,000. 1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	$25,000 2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	Less than $25,000...3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	DON'T KNOW 77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
	REFUSED 99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

C18   Was the total combined FAMILY income more or less than $75,000?

More than $75,000.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
$75,000	2	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
Less than $75,000	3	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
DON'T KNOW	77	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
REFUSED	99	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A

CINC   Just to confirm that I entered the number correctly, the total combined family income was [FILL RESPONSE, CFAMINC]?

YES.	1	IF IAP=095 GO TO C_ISLAND, ELSE GO TO C19A
NO	2	GO TO CFAMINC
DON'T KNOW	77	GO TO CFAMINC
REFUSED	99	GO TO CFAMINC

C_ISLAND   On what island do you live?

SAINT CROIX	01	GO TO C19C
SAINT THOMAS	02	GO TO C19C
SAINT JOHN	03	GO TO C19C
WATER ISLAND	04	GO TO C19C
NOT IN USVI	05	GO TO C19A
DON'T KNOW	77	GO TO C19C
REFUSED	9	GO TO C19C

C19A   What is your zip code?

ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

_____	IF IAP=106 GO TO C19PR; ELSE IF A PROPER ZIP CODE IS ENTERED, THEN FILL CITY, COUNTY AND STATE FROM THE LOOK UP TABLE AND GO TO C19A_CONF,ELSE GO TO C19
DON'T KNOW 77777	IF IAP=106 GO TO C19PR; ELSE GO TO C19

	REFUSED 99999	IF IAP=106 GO TO C19PR; ELSE GO TO C19

C19A_CONF   To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

	YES 1	GO TO C19B
	NO 2	GO TO C19

C19PR   In what city and state do you live?

	ENTER CITY _____	IF "NOT IN PUERTO RICO" SELECTED, GO TO C19; IF DON'T KNOW OR REFUSED, GO TO C19C; ELSE GO TO C19PR_STATE

C19PR_STATE ENTER STATE_____   GO TO C19C

C19   In what city, county and state do you live?

IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"
IF CITY OR COUNTY IS REFUSED, ENTER "REF"
IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC-Foreign Country'

	ENTER CITY _____	GO TO C_19 COUNTY

C19_COUNTY ENTER COUNTY_____   GO TO C_19 STATE

C19_STATE   ENTER STATE_____   GO TO C_19_ZIP_CONF

C19_ZIP_CONF

To confirm, I have your zip code as [FILL]. Is that correct?

	YES 1	GO TO C19B
	NO 2	GO TO C19_NEW_ZIP
	DON'T KNOW...77	GO TO C19B
	REFUSED 99	GO TO C19B

C19_NEW_ZIP

What is your zip code?
ENTER 77777 FOR DON'T KNOW AND 99999 FOR REFUSED

	_____	GO TO C19B
	DON'T KNOW.......................................77777	GO TO C19B
	REFUSED 99999	GO TO C19B

C19B   Do you live within the city limits?

	YES 1	GO TO C19C

NO	2	GO TO C19C
DON'T KNOW	77	GO TO C19C
REFUSED	99	GO TO C19C

C19C   Which of the following best describes your house or apartment? Is it owned or being bought, rented, or occupied by some other arrangement by you?

OWNED OR BEING BOUGHT	1	GO TO C_LANDLINE
RENTED	2	GO TO C_LANDLINE
OTHER ARRANGEMENT	3	GO TO C_LANDLINE
DON'T KNOW	77	GO TO C_LANDLINE
REFUSED	99	GO TO C_LANDLINE

C_LANDLINE   The next few questions are about the telephones in your household.

Do you have landline telephone in your household?

READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES	1	GO TO C21_06Q3
NO	2	GO TO C21_06Q3_CELL
DON'T KNOW	77	GO TO C21_06Q3_CELL
REFUSED	99	GO TO C21_06Q3_CELL

C21_06Q3   How many landline telephone numbers are residential numbers?

THIS QUESTION IS ASKING FOR THE TOTAL NUMBER OF LANDLINE TELEPHONE NUMBERS .

ONE	1	GO TO C21_CELL
TWO	2	GO TO C21_CELL

THREE OR MORE..3   GO TO C21_CELL

NONE 4   GO TO C21_CELL

DON'T KNOW...77   GO TO C21_CELL

REFUSED..99   GO TO C21_CELL

C21_06Q3_CELL

Next I have some questions about cell phones in your household. In total, how many working cell phones do you and your household members have available for personal use? Please don't count cell phones that are used exclusively for business purposes.

ONE..01   GO TO C_USUAL_USE_CELL

TWO..02   GO TO C_USUAL_USE_CELL

THREE OR MORE...03   GO TO C_USUAL_USE_CELL

NONE...04   IF NIS_CELL_AWAY = 1

       GO TO C_AWAY; ELSE GO TO D5

DON'T KNOW 77   GO TO C_USUAL_USE_CELL

REFUSED 99   GO TO C_USUAL_USE_CELL

C_USUAL_USE_CELL

How many [of these] cell phones do [LIST ALL ELIGIBLE CHILDREN]'s parents and guardians usually use?

INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE"

ONE..01   GO TO C11Q78

TWO..02   GO TO C11Q78

THREE OR MORE...03   GO TO C11Q78

NONE...04   GO TO C11Q78DON'T KNOW77GO TO C11Q78

REFUSED 99   GO TO C11Q78

C11Q78   ASK ONLY IF RESPONDENT HAS BOTH LANDLINE AND CELL PHONES

IF LANDLINE = 2, 77, OR 99 AND P_LRC=2,3 SKIP TO C_AWAY, ELSE IF C_LANDLINE = 2, 77, OR 99 AND P_LRC=1 GO TO D5, ELSE:

Of all the telephone calls that you and your family receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?

IF ASKED ABOUT INCLUDING BUSINESS CALLS: Please do not include any business related calls in your answer.

NEARLY ALL RECEIVED ON CELL PHONES.........1   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

NEARLY ALL RECEIVED ON REGULAR
PHONES. 2   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

SOME RECEIVED ON CELL PHONES AND
SOME RECEIVED ON REGULAR PHONES..............3   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

DON'T KNOW...77   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

REFUSED...99   IF NIS_CELL_AWAY = 1 GO TO C_AWAY, ELSE GO TO D5

C_AWAY

Would you mind telling me if I reached you today away from home or at home?

INTERVIEWER NOTE: IF THE RESPONDENT WAS AWAY FROM HOME DURING ANY PART OF THE CALL, THEN CODE AS AWAY FROM HOME.

AWAY FROM HOME 01   GO TO D5
AT HOME...02   GO TO D5
DON'T KNOW 77   GO TO D5
REFUSED...99   GO TO D5

SECTION D

Provider Questions

D5   To get a complete picture of the vaccinations received by your (children/child), we would like to contact doctors or health clinics to obtain a copy of the vaccination records. These records contain only the immunizations and dates of the immunizations for your (children/child).

FAQs

I've already given you the shot dates/Why do you need to contact my doctor?

--Information from the medical providers is used in the primary scientific analyses for this survey. Information from families like yours provide valuable information that support what is received by the medical community.

-- In order to standardize the type of information that we receive, it is required that we contact providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so that we can accept only immunization history forms filled out by health care providers.

That's too personal:

-- I understand your concern. Confidentiality is mandated by law and I can assure you that the information is reported only in summary form and neither you nor the child will be identified.

-- The National Immunization Survey has been conducted for nearly 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

-- Only the information related to the child's immunization history is requested; no other medical information or identifiable information is included.

What will this information be used for?

-- Information we collect is used to summarize childhood immunization rates in your community and to survey vaccine shortages. States use this information to develop health care policies and determine where funding is most needed for federal vaccine programs. With this information, the CDC can also identify where providers are ordering their vaccines and which types are being ordered.

-- The Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

D6_X   IF IAP = 095;

How many locations have provided vaccinations for your child named [NAME OF (FIRST/SECOND…NINTH CHILD, FROM S3_5) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? Please include the hospital or birthing center where [FILL VAR: HE/SHE] was born, and any other clinics or doctor's offices that have seen [FILL VAR: HIM/HER]].

ELSE;

How many locations have provided vaccinations for your child named [NAME OF (FIRST) ELIGIBLE CHILD] whose birth date is [DATE OF BIRTH OF (FIRST) ELIGIBLE CHILD]? ENTER 77 FOR DON'T KNOW AND 99 REFUSED

FAQs:
What am I consenting to? What is going to happen if I say "yes" to this?

With your permission, we'll send a letter of consent and an immunization history form to your health care provider. The form shows the names of the vaccinations (like a shot card), and they will fill in the specific type and date for each immunization.

--We don't collect any additional medical information about your child. We are asking for your consent to collect only the immunization history.

--Once the form is returned, all identifiable information is separated from the immunization information. All data are reported in summary form and neither you nor the child will be identified as a participant in the National Immunization Survey.

--In order to collect complete data, we need information from both you and your doctor. The success of this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

--Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

Why contact my doctor? Why give consent?

The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history, we need to contact your healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

ENTER NUMBER ....____ GO TO D6A_1_X

ZERO...0 GO TO D6AA_X

DON'T KNOW...77 GO TO D6AA_X

REFUSED...99 GO TO SECT_D_TERM

D6AA_x How many locations have provided health care for your child? Please include the hospital or birthing center where [he/she] was born, and any other clinics or doctor's offices that have seen [him/her]. ENTER 0 IF CHILD HAS NEVER SEEN A DOCTOR OR THER HEALTH CARE PROVIDER. ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

FAQs:
Why contact my doctor? Why give consent?
-- The information you've provided is very helpful and we appreciate your cooperation; however, to get the most accurate vaccination history, we need to contact your healthcare provider. They will be able to confirm the dates and specific types of each vaccination.

-- The National Immunization Survey has been conducted for over 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up to date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

--In 2001 there were shortages of the DTaP and MMR vaccines. Data collected by this survey indicated that certain populations were more affected by these shortages than others. Based on these findings, changes were made to ensure a more even distribution of vaccines during future shortages.

--The Centers for Disease Control and Prevention uses the information we collect to determine if individual states are meeting the vaccination goals set for them by the Childhood Immunization Initiative.

Why can't I just get the information from my doctor and send it to you?
--In order to standardize the type of information that we receive, it is required that we contact the providers directly. We also ask providers a few questions about the characteristics of their practice or clinic, so we can accept only immunization history forms filled out by health care professionals.

ENTER NUMBER.._____ GO TO D6A_1_X

ZERO .... 0 IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

DON'T KNOW...77 GO TO SECT_D_TERM OR INS_INTRO (ON CALLBACK)

REFUSED...99 IF (LAST CHILD) AND 1ST REFUSAL GO TO SECT_D_TERM, ELSE GO TO INS_INTRO

D6 A_1_X   Starting with the most recent, please tell me the contact information for each location. (Would you take a moment to find shot records, appointment cards, or other records you may have?)

YES, CONTINUE ON CLINIC NAME FIRST 1   GO TO PLU, PROVIDER LIST
                                                    SHALL BE SORTED BY CLINIC
                                                    NAME

YES, CONTINUE ON LAST NAME FIRST................2   GO TO PLU, PROVIDER LIST
                                                    SHALL BE SORTED BY LAST
                                                    NAME

NO, CAN'T FIND, CONTINUE 3   GO TO PLU
REFUSED 99   GO TO SECT_D_TERM;
                                                    INS_INTRO(ON CALLBACK)

FAQs

I don't want to give you my doctor's information

--The information you've provided is very helpful and we appreciate your cooperation; however, that information is only useful in conjunction with information from your healthcare provider, who can provide and confirm the dates, specific types and dosages of each vaccination.

--Confidentiality is mandated by law and this information is not used for any purpose other than this survey.

Why contact my doctor? Why give consent?

--Information from the medical providers are used in the primary scientific analyses for this survey. Information from families like yours provide valuable information that support what is received by the medical community.

-- In addition to asking about the child's vaccination history, we also ask providers a few questions about the characteristics of their practice or clinic.

--The National Immunization Survey has been conducted for nearly 20 years (since 1994). Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

--The National Immunization Survey is the primary source of vaccination data about preschool aged children in our country. Information collected helps to identify communities where additional resources may be needed for vaccination programs.

--Because vaccinations play an important role in reducing and eliminating childhood diseases, we need dependable, up-to-date statistics (from this survey). Public health agencies in your area rely on this information when making decisions and evaluating health care programs in your area.

My doctor is very busy, I don't want to bother them with this.

--Each year we receive immunization histories from over 20,000 doctors and clinics; in fact, your doctor may have already taken part.

NIS PROVIDER LOOKUP

Provider Search Information Screen

Please locate the (first/second/…) provider for (child name)

In order to help me accurately record the information for your child's health care provider, I will need to try and find that provider in a "lookup" database. The most efficient search is typically the doctor's last name in combination with the city and state where the office is located. Do you have that information?

READ IF R DOESN'T HAVE THE LAST NAME: Do you have the clinic or office name?

IF PROVIDERS=4: PROBE TO COLLECT AS MUCH INFORMATION REGARDING THE PROVIDER AS POSSIBLE.
* Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
* Would you mind looking the information up in the phone book or on the internet?
* Do you remember the city and state?

What is the last name of the (first/next) doctor? [variable: D6B1]
Do you know the doctor's first name? [variable: D6B2]
Please tell me the name of the office or the clinic. [variable: D6B3]
What is the street address of the office or the clinic? [variable: D6B4]
Is there a suite, floor or room number? [variable: D6B5]
What is the zip code? [variable: D6B8]
What city is that in? [variable: D6B6]
What state is that in? [variable: D6B7]
What is their telephone number? [variable: D6B9]
IF PROVIDERS=4 What other information do you remember about the location of this provider? [variable: D6B10]

SEARCH
DK
REF

Search Results Screen
READ IF NECESSARY: Thank you. I now have a list of possible matches and just need to find the correct listing. I can organize the list by many different categories, including the practice name, street address, telephone number and the doctor's first and last names.

SEARCH RESULTS: Name or Practice, City, State, First Name, Last Name, Phone Number, Address Information, Action
DK
REF
MODIFY SEARCH
ADD NEW PROVIDER

Provider Details Screen

D6A_3   To be certain I have the correct information I would like to confirm the name and mailing address of your provider:

EXACT MATCH..1	GO TO DXPROV
MODIFY LAST NAME 2	GO TO MOD_PROVN_LAST
MODIFY FIRST NAME 3	GO TO MOD_PROVN_FIRST
MODIFY PRACTICE..4	GO TO MOD_PROVC
MODIFY ADDRESS...5	GO TO MOD_PROVA_STREET
MODIFY SUITE...6	GO TO MOD_PROVA_SUITE
MODIFY CITY..7	GO TO MOD_PROVA_CITY
MODIFY STATE 8	GO TO MOD_PROVA_STATE
MODIFY ZIP..9	GO TO MOD_PROVA_ZIP
MODIFY PHONE..10	GO TO MOD_PROVA_PROVP

New Provider Screen:

D6B1What is the last name of the doctor?
LEAVE BLANK IF UNKNOWN
D6B2Do you know the doctor's first name?
LEAVE BLANK IF UNKNOWN
D6B3Please tell me the name of the office or the clinic.
LEAVE BLANK IF UNKNOWN
D6B4What is the street address of the office or the clinic?
LEAVE BLANK IF UNKNOWN
D6B5Is there a suite, floor or room number?
LEAVE BLANK IF UNKNOWN
D6B6What city is that in?
LEAVE BLANK IF UNKNOWN
D6B7What state is that in?
LEAVE BLANK IF UNKNOWN
D6B8What is the zip code?
LEAVE BLANK IF UNKNOWN
D6B9What is their telephone number?
LEAVE BLANK IF UNKNOWN
D6B10Do you have the contact information written down somewhere? I would be happy to wait while you look for it.
Would you mind looking the information up in the phone book or on the internet?
Do you remember the city and state?
LEAVE BLANK IF UNKNOWN

POST-PROVIDER LOOKUP PATHS

IF D6>1…...D8   IF D6=0(NO VACCINATION PROVIDERS), D6AA>1…...D8M

D8_x IF D6_X=0 AND D6AA_x > 0:

Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

ELSE IF D6_X >= 1:

Thank you. In order to help the doctor or clinic find your child's vaccination records, what is your child's name -- first, middle, and last?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

FAQs

I'm not comfortable with that/I don't want to give you my child's name.

-- I understand your concern (sir/ma'am). The only reason we request your child's name is so that doctor can locate the child's vaccination records. Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

Why do you need the child's name?

--In order to locate the vaccination information for the child, the medical practice or clinic needs the child's name. This is the only reason we are asking for the child's name.

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

--I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

--If you would feel more comfortable, I could enter just the child's first initial and the full last name.

CONTINUE...1   GOT TO D8A_X
REFUSED 99   GO TO SECT_D_TERM; INS_INTRO
(on callback)

   (*Note: The hardcopy variable below, D8M, appears as one of the two version of D8_x in CATI. These two versions of D8_x depend on the value of D6.)

D8M[ASK IF D6AA_X GE 1] Sometimes babies are given an immunization soon after birth or a young child may receive an immunization at a well-child visit. We would like to contact the places that have provided care for [CHILD] and request any vaccination information they may have.

CONTINUE...1   GO TO D8A_X
REFUSED 99   GO TO D15B

D8A_XIn order to help the doctor or clinic locate your child's vaccination records, what is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last name?

ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

FIRST NAME: _____ GO TO D8B_X

D8B_X(What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____ GO TO D8C_X

D8C_X(What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

LAST NAME: _____ GO TO D9A
D9So the doctor knows we talked with you, may I have your name -- first, middle, and last?

IF RESPONDENT REFUSES WE CAN ACCEPT A FIRST INITIAL AND FULL LAST NAME.

FAQs

Why do you need my name?

Before they can fill out the form, medical practices and clinics need the name of the person authorizing the release of the information. This is the only reason we are asking for your name.

--Confidentiality is mandated by law and I can assure you that neither you nor the child will be identified as a participant.

--The U.S. Public Health Service Act requires that identifying information (such as names) cannot be associated with the information you and your doctor provide. Once information is gathered, names are separated from the data and are not used again.

 --I am a professional interviewer for the National Immunization Survey and am prohibited by federal law to breach the confidentiality of any identifying information that you provide.

CONTINUE. 1   GO TO D9
REFUSED 2   GO TO SET_D_TERM; INS_INTRO
                                                                              (ON CALLBACK)

D9A   What is your first name?

                ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL REFUSAL.

                FIRST NAME: _____ GO TO D9B

D9B   What is your middle name?

            MIDDLE NAME: _____ GO TO D9C

D9C   What is your last name?

            *ENTER NAMES ONLY. IF R IS REFUSING, GO BACK AND CODE AS AN ITEM LEVEL
            REFUSAL.*

            LAST NAME: _____ GO TO D9D_X

D9D_X   I need to verify that I am speaking with someone who can authorize the release of immunization records
            for [NAME OF (FIRST/SECOND…/NINTH CHILD, FROM D8A-D8C) ELIGIBLE CHILD]. Are you
            that person?

            YES 1   GO TO D6_C
            NO 2   GO TO D9D1
            REFUSED 99   GO TO SECT_D_TERM

D6C   The vaccination records collected from the provider(s) will be kept in strict confidence.

D7_ID   Capture Interviewer ID upon entering question D7

D7_X   Do we have your permission to contact the provider(s) named in this interview, give the provider(s)

            basic information that identifies (FILL VAR: NAME OF FIRST/SECOND/...NINTH CHILD,

            FROM D8A-D8C), and request that information relevant to (his/her) immunization history be sent to the
            (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and
            Prevention or its contractors for survey purposes only?

            FAQs

            I'm not comfortable with that:

            --I understand your concern (sir/ma'am). Let me explain what happens. With your permission, we'll send a
            letter of consent and an immunization history form to your health care provider. The form shows the
            names of vaccinations (like a shot card), and they will fill in the specific type and date for each
            immunization. Once the form is returned, all identifiable information is separated from the immunization
            information. Neither you nor your child will be identified as a participant in the National Immunization
            Survey.

            -- We don't collect any additional medical information about your child. We are asking for your consent to
            collect only the immunization history.

            I don't want you to contact my doctor:

            --In order to collect complete data, we need information from both you and your doctor. The success of
            this survey depends on the voluntary cooperation of thousands of concerned households (like yours).

-- Your household represents many others in your area because of the scientific process to randomly select telephone numbers. We hope that you will choose to participate because your household cannot be replaced.

YES 1   GO TO D7G_X

NO (ONLY CHOOSE THIS WHEN YOU HAVE

MADE ALL APPROPRIATE AVERSION

ATTEMPTS)..2   GO TO SECT_D_TERM

D7G_X   Sometimes to get a complete record of your child(ren)'s vaccinations it would be helpful to contact your local immunization registry. This registry has information on children's vaccinations. The information we collect will be about your child(ren)'s vaccinations only.

Do we have your permission to contact your local immunization registry, give them basic information that identifies your child(ren), and request that information relevant to your child(ren)'s immunization history be sent to the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention or its contractors for research purposes only?

YES 1   GO TO DCG1_X
NO..2   GO TO DCG1_X
DON'T KNOW 77   GO TO DCG1_X
REFUSED..99   GO TO DCG1_X

(SUGGESTED TEXT IF THE RESPONDENT HAS A QUESTION)
WHAT IS A REGISTRY?
Immunization registries are confidential, population-based, computerized information systems that attempt to collect vaccination data about all children in a geographic area.

WHY DO YOU NEED TO CONTACT A REGISTRY?
Vaccination information from doctors and clinics sometimes is not complete or available. So, in order to get the most complete information possible about children's vaccinations, we also need to contact local registries to collect vaccination information.

D7_DATE   Capture date at the time the answer to D7 is given

D7_TIME   Capture time at the time the answer to D7 is given

DCG1_X   I would like to confirm that I have the correct information for you and the children in this household.

[INTERVIEWER: CONFIRM ALL NAMES AND SPELLINGS WITH THE RESPONDENT. IF LAST NAMES ARE THE SAME, MAKE SURE THEY HAVE THE SAME SPELLING]

I have your name as [FILL: CONSENT GIVER NAME FROM D9A-C]. Is this correct?

YES 1   GO TO DCG2_X
NO..2   GO TO D9A_C_X

D9A_C_X What is your full name – first, middle and last?

FIRST NAME: _____

D9B_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____

D9C_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: _____

DCG2_x The name I have for the first child is [FILL VAR: NAME OF FIRST/SECOND…/ NINTH CHILD, FROM S3.5]. Is this correct?

YES ....1 GO TO DCONFDOB_X
NO...2 GO TO D8A_C_X

D8A_C_X What is [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle and last?

FIRST NAME: _____

D8B_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

MIDDLE NAME: _____

D8C_C _X (What is the [NAME OF (FIRST) ELIGIBLE CHILD]'s full name – first, middle, and last name?)

LAST NAME: _____

DCONFDOB_x
The birth date I have for [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE 2] is [FILL: BIRTH DATE FROM S33_3]. Is this correct?
YES ....1 GO TO NEXT CHILD OR INS_INTRO
NO...2 GO TO DNEWDOB_1

DNEWDOB[M,D,Y]_X
What is the correct month, day and year of birth of [FILL: FIRST CHILD'S NAME FROM D8A-C1-PAGE2]?
_____/_____/_____   GO TO NEXT CHILD OR INS_INTRO

ASK ONLY IF D9D=2

D9D1 Please give me the full name of someone who can authorize the release of these immunization records.

     CONTINUE ....1 GO TO D9D1F
     REFUSAL ....2 GO TO SECT_D_TERM; INS_INTRO
                            (ON CALLBACK)

D9D1F What is the first name?

     FIRST_____

D9D1M What is the middle name?

     MIDDLE_____

D9D1L What is the last name?

     LAST_____

D9DREL_x What is this person's relationship to [FILL VAR: NAME OF FIRST/SECOND…/ NINTH CHLD, FROM S3.5]?

     MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE
     GUARDIAN .... 01 GO TO D9D1A
     FATHER (STEP, FOSTER, ADOPTIVE) OR MALE
     GUARDIAN .... 02 GO TO D9D1A
     SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)......... 03 GO TO D9D1A
     IN-LAW OF ANY TYPE .... 04 GO TO D9D1A
     AUNT/UNCLE .... 05 GO TO D9D1A
     GRANDPARENT .... 06 GO TO D9D1A
     OTHER FAMILY MEMBER.. 07 GO TO D9D1A
     FRIEND .... 08 GO TO D9D1A

D9D1A May I speak with that person now?

     YES ....1 GO TO D9D1NEW
     NO ....2 GO TO D9D2

D9D2 When would be a good time to call this person? SELECT APPOINTMENT AND ENTER THE APPROPRIATE DATE/TIME ON THE NEXT APPOINTMENT SCREEN

    IF CALLBACK SELECT CONTINUE AND READ THE NEXT SCREEN STATEMENT FOR THE MOST KNOWLEDGEABLE RESPONDENT CALLBACK INTRODUCTION

     APPOINTMENT ....1 GO TO CB1
     CONTINUE ....2 GO TO D9D1NEW

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's toll-free number, 1-877-267-8154. If you have questions about your rights as a survey participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.

READ WHEN NEW PERSON COMES TO THE PHONE
OR
FOR Authorized Consent Respondent CALLBACK INTRODUCTION

D9D1NEW   Hello, my name is _____. Am I speaking with [NAME LISTED IN D9D1, WHO CAN AUTHORIZE RELEASE OF SHOT RECORDS]?

            YES 1   GO TO D9D2ANEW
            NO…..2   GO TO D9D2

D9D2ANEW I'm calling on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention. We talked with [FILL: NAME FROM D9A] and collected immunization and provider information for [NAME OF ELIGIBLE CHILD(REN)]. We understand that you could authorize the release of immunization information for [NAME OF ELIGIBLE CHILD(REN)]. This survey is voluntary and is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't wish to answer or stop at any time. The information you give will be kept in strict confidence and will be summarized for research purposes only. This call will be recorded or monitored.

D9D_X   I need to verify that I am speaking with someone who can authorize the release of immunization records for [NAME OF (FIRST) ELIGIBLE CHILD]. Are you that person?

            YES 1   GO TO D6C
            NO..2   RETURN TO D9D1
            REFUSED 99   GO TO D9D_R

[IF S_NUMB IS > 1, THEN REPEAT NEXT SENTENCE AND INS-1 THROUGH INS-16 IN A LOOP FOR EACH AGE-ELIGIBLE CHILD]

INS_INTRO   Next I'm going to ask you a few questions about (CHILD)'s health insurance.

INS_1_X   At this time, is (CHILD) covered by health insurance that is provided through an employer or union?

READ ONLY IF NECESSARY: These plans may be provided in part or fully by a current employer, a former employer, a union, or a professional organization.

IF ONLY PLAN NAME OFFERED, PROBE (READ IF NECESSARY): Is this insurance provided through an employer or union? Do not include dental, vision, school, or accident insurance.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES	1	GO TO INS_1A_X
NO	2	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X
DON'T KNOW	77	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X
REFUSED	99	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X

INS_1A_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES	1	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X
NO	2	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X
DON'T KNOW	77	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X
REFUSED	99	IF IAP= 95 OR 105 GO TO INS_5; ELSE GO TO INS_2_X

INS_2_X   [IF STATE = AK, CT, DC, FL, HI, IL, IN, KS, LA, ME, MN, MO, NE, NJ, NM, NY, OH, OK, RI, SC, SD, or WI, THEN SKIP TO INS_3A_X]

At this time, is (CHILD) covered by any Medicaid plan? Medicaid [IF IAP=106 DISPLAY "also known as Plan La Reforma"] is a health insurance program for persons with certain income levels and persons with disabilities. [FILL IF APPLICABLE: In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: Medicaid [IF IAP=106 DISPLAY "also known as Plan La Reforma"] is a federal-state medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of costs for covered medical expenses. It is run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1	IF IAP=106 THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X
NO 2	IF IAP=106 THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X
DON'T KNOW 77	IF IAP=106 THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X
REFUSED 99	IF IAP=106 THEN SKIP TO INS_5_X; ELSE GO TO INS_3_X

INS_3_X   At this time, is (CHILD) covered by the Children's Health Insurance Program or CHIP? In this state, the program is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: The Children's Health Insurance Program (CHIP), created under Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1	GO TO INS_4_X
NO 2	GO TO INS_4_X
DON'T KNOW 77	GO TO INS_4_X
REFUSED 99	GO TO INS_4_X

INS_3A_X   At this time, is (CHILD) covered by any Medicaid plan or the Children's Health Insurance Program, which are health insurance programs for persons with certain income levels and persons with disabilities? In this state, it is sometimes called [FILL NAME FROM "TEXT FILLS" SPREADSHEET].

READ IF NECESSARY: Medicaid and CHIP are federal-state medical assistance programs. They serve low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay little or no part of costs for covered medical expenses. These programs are run by state and local governments within federal guidelines.

IF NECESSARY, TO HELP THE RESPONDENT DETERMINE WHAT KIND OF INSURANCE THEY HAVE, PROBE (READ IF NECESSARY): Did you get that insurance through an employer? Does it help pay for both doctor visits and hospital stays?

YES 1   GO TO INS_4_X
NO...2   GO TO INS_4_X
DON'T KNOW...77   GO TO INS_4_X
REFUSED..99   GO TO INS_4_X

INS_4_X   At this time, is (CHILD) covered by the Indian Health Service?

YES 1   GO TO INS_5_X
NO 2   GO TO INS_5_X
DON'T KNOW...77   GO TO INS_5_X
REFUSED..99   GO TO INS_5_X

INS_5_X   At this time, is (CHILD) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-VA?

READ IF NECESSARY: CHAMPUS, CHAMP-VA, and TRICARE are health care plans that are offered to persons in the military (and their dependents). TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

YES 1   GO TO INS_6_X
NO 2   GO TO INS_6_X
DON'T KNOW...77   GO TO INS_6_X
REFUSED..99   GO TO INS_6_X

INS_6_X   Besides what you have already told me about, is (CHILD) covered by any other health insurance or health care plan?

[IF RESPONDENT REPORTS DENTAL, VISION, SCHOOL, OR ACCIDENT INSURANCE, MARK 'NO'.]

YES 1	GO TO INS_6A_X
NO 2	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
DON'T KNOW 77	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
REFUSED 99	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

INS_6A_X   Does this health insurance help pay for both doctor visits and hospital stays?

YES 1	GO TO INS_6B_X
NO 2	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
DON'T KNOW 77	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X
REFUSED 99	IF INS_1A_X, INS_2_X, INS_3_X, INS_3A_X, INS_4_X, OR INS_5_X = 1 SKIP TO INS_11_X ELSE GO TO INS_7_X

INS_6B_X   Is this health insurance provided through an employer or union?

YES 1	GO TO INS_11_X
NO 2	GO TO INS_6C_X
DON'T KNOW 77	GO TO INS_6C_X
REFUSED 99	GO TO INS_6C_X

INS_6C_X   Is this health insurance purchased directly from an insurance company?

YES 1	GO TO INS_11_X
NO 2	GO TO INS_6D_X
DON'T KNOW 77	GO TO INS_6D_X
REFUSED 99	GO TO INS_6D_X

INS_6D_X   I recorded that (CHILD) was covered by some other health insurance. What is the name of the plan?
           ENTER 77 FOR DON'T KNOW OR 99 FOR REFUSED

           CONTINUE 1   GO TO INS_6D_1_X
           DON'T KNOW...77   GO TO INS_11_X
           REFUSED..99   GO TO INS_11_X

INS_6D_1_X   Record verbatim response #1 _____

INS_6D_2_X   Record verbatim response #2 _____

INS_7_X   It appears that (CHILD) does not have any health insurance coverage to pay for both hospitals and
           doctors and other health professionals. Is that correct?

           YES 1   GO TO INS_8_X
           NO 2   GO TO INS_7A_X
           DON'T KNOW...77   GO TO INS_11_X
           REFUSED..99   GO TO INS_11_X

INS_7A_X   At this time, what kind of health coverage does (CHILD) have? Any other kind?
           [MARK ALL THAT APPLY. MARK "SINGLE SERVICE PLAN" ONLY IF VOLUNTEERED AS
           TYPE OF HEALTH INSURANCE.]

           MEDICAID [IF IAP=106 THEN DISPLAY: (PLAN LA REFORMA) [STATE NAME]
          1
           MEDICARE...2
           [IF IAP NOT 106 DISPLAY] CHIP [STATE NAME]..3
           MEDIGAP 4
           MILITARY 5
           [IF IAP NOT 106 DISPLAY] INDIAN HEALTH SERVICE 6
           PRIVATE INSURANCE 7
           SINGLE SERVICE PLAN
           (DENTAL, VISION, PRESCRIPTIONS, ETC) 8
           OTHER 9
           DON'T KNOW...77
           REFUSED..99

           IF INS_7A_X = 8 ONLY, SKIP TO INS-8
           ELSE IF INS_7A_X = 1, 3, 5, OR 6, SKIP TO INS-11

           THE ABOVE RULE TAKES PRIORITY OVER:

           ELSE IF INS_7A_X = 2, 4, 7, or 9 THEN ASK:

INS_7B_X   Does this health insurance help pay for both doctor visits and hospital stays?

     YES 1   GO TO INS_11_X

     NO 2   GO TO INS_8_X

     DON'T KNOW 77   GO TO INS_11_X

     REFUSED 99   GO TO INS_11_X

INS_8_X   Since (CHILD)'s birth, has (CHILD) always been uninsured?

     YES 1   GO TO INS_14_X

     NO 2   GO TO INS_9_X

     DON'T KNOW 77   GO TO INS_14_X

     REFUSED 99   GO TO INS_14_X

INS_9_X   How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

    IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

     ____NUMBER..   GO TO INS_9A_X

     UNINSURED AT BIRTH 44   GO TO INS_10_X

     DON'T KNOW 77   GO TO INS_10_X

     REFUSED 99   GO TO INS_10_X

INS_9A_X   ENTER PERIOD:

     MONTH(S) 1   GO TO INS_10_X

     YEAR(S) 2   GO TO INS_10_X

INS_10_X   During the months when (CHILD) DID have health coverage, what kinds of health coverage did (CHILD) have? Medicaid [IF IAP=106 THEN DISPLAY: (plan La Reforma)], Medicare, [IF IAP NOT 106 THEN DISPLAY "CHIP,"] Medigap,] Military, [IF IAP NOT 106 THEN DISPLAY "Indian Health Service,"] Private Health Insurance, or another insurance type?

MEDICAID [IF IAP=106 DISPLAY: (PLAN LA REFORMA)] [FILL STATE PROGRAM NAME,
IF APPLICABLE] 1   GO TO INS_14_X
MEDICARE...2   GO TO INS_14_X
[IF IAP NOT 106 DISPLAY] CHIP [FILL STATE PROGRAM NAME,
IF APPLICABLE]..3   GO TO INS_14_X
MEDIGAP [FILL STATE PROGRAM NAME,
IF APPLICABLE]..4   GO TO INS_14_X
MILITARY 5   GO TO INS_14_X
[IF IAP NOT 106 DISPLAY] INDIAN HEALTH SERVICE [FILL STATE PROGRAM NAME,
IF APPLICABLE]..3   GO TO INS_14_X
PRIVATE HEALTH INSURANCE 7   GO TO INS_14_X
OTHER INSURANCE TYPE.......................................8   GO TO INS_14_X
DON'T KNOW..77   GO TO INS_14_X
REFUSED...99   GO TO INS_14_X

INS_11_X   Since (CHILD)'s birth was there any time when (CHILD) was not covered by any health insurance for any reason?

YES 1   GO TO INS_12_X
NO 2   GO TO INS_13_X
DON'T KNOW 77   GO TO INS_13_X
REFUSED 99   GO TO INS_13_X

INS_12_X   How old was (CHILD) THE FIRST TIME (CHILD) became uninsured?

IF LESS THAN ONE MONTH, ROUND UP TO ONE MONTH

____NUMBER..   GO TO INS_12A_X
UNINSURED AT BIRTH 44   GO TO INS_13_X
DON'T KNOW 77   GO TO INS_13_X
REFUSED 99   GO TO INS_13_X

INS_12A_X   ENTER PERIOD:

MONTH(S)...1   GO TO INS_14_X
YEAR(S)..2   GO TO INS_14_X

[DO NOT ASK INS-13 IF CHILD IS CURRENTLY INSURED BY MEDICAID OR S-CHIP: IF INS-2 = 1 or INS-3 = 1 OR INS-3A = 1]

INS_13_X   Has (CHILD) ever been covered by any Medicaid plan [IF IAP=106 DISPLAY: (plan La Reforma)] [IF IAP NOT 106 DISPLAY "or the Children's Health Insurance Program"]? [IF STATE = AK, CT, DC, FL, HI, IL, IN, LA, ME, MA, MN, MO, NE, NM, NY, OH, OK, RI, SC, SD, TN, VT, or WI, THEN ASK "In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE FROM "TEXT FILLS" SPREADSHEET, COLUMN G]."

    YES 1   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

    NO 2   GO TO INS_14_X

    DON'T KNOW 77   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

    REFUSED 99   IF IAP=106 GO TO INS_14; ELSE GO TO INS_13A_X

INS_13A_X   Has [FILL VAR: NAME OF FIRST/SECOND…/NINTH CHILD, FROM S3_5] ever been covered by the Children's Health Insurance Program? In this state, it is sometimes called [FILL STATE PROGRAM IF APPLICABLE].

    YES 1   GO TO INS_14_X

    NO 2   GO TO INS_14_X

    DON'T KNOW 77   GO TO INS_14_X

    REFUSED 99   GO TO INS_14_X

INS_14_X   Did cost of vaccinations ever cause you to delay or not get a vaccination for (CHILD)?

    YES 1   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

    NO 2   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

    DON'T KNOW 77   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

    REFUSED 99   IF (S6_X = 1 OR B1_X = 1 OR D6_X NE 0, 77, 0R 99) AND INS_8_X NOT = 1 GO TO INS_15_X, ELSE GO TO D16

INS_15_X   When (CHILD) received (his/her) most recent vaccination, how much of the cost of that vaccination was paid by insurance, all, some, or none of the cost? Please do not include co-pays for office visits.

        ALL OF THE COST...1   GO TO HIM_STATUS_X

        SOME OF THE COST 2   GO TO INS_16_X

        NONE OF THE COST 3   GO TO INS_16_X

        DON'T KNOW...77   GO TO INS_16_X

        REFUSED..99   GO TO INS_16_X

INS_16_X   How much of the cost of the child's vaccinations did you pay, all, some, or none of the cost?

        ALL OF THE COST...1   GO TO HIM_STATUS_X

        SOME OF THE COST 2   GO TO HIM_STATUS_X

        NONE OF THE COST 3   GO TO HIM_STATUS_X

        DON'T KNOW...77   GO TO HIM_STATUS_X

        REFUSED 99   GO TO HIM_STATUS_X

HIM_STATUS_X

FLAG VARIABLE FOR EACH CHILD:

1. HIM_STATUS_X=0 IF ELIG_X = 0 OR IF IT IS A VIRGIN CASE
2. HIM_STATUS_X=1 IF ELIG_X = 1 AND INS_INTRO HAS NOT BEEN DISPLAYED
3. HIM_STATUS_X=2
   IF INS_INTRO HAS BEEN DISPLAYED
   AND
    [INS-14 IS NOT ANSWERED
   OR
    (IF INS-15-FLAG=1 AND INS-15 IS NOT ANSWERED)
   OR
    (IF {INS-15 ≠ 1} AND INS-16 IS NOT ANSWERED)]   ]
4. HIM_STATUS_X=3 IF (INS-14 IS ANSWERED AND INS-15-FLAG=0) OR (IF INS-15=1) OR (IF INS-16 IS ANSWERED)

D16   Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the (IF IAP=106 DISPLAY "Puerto Rico Department of Health and the") Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call the survey's toll-free number, 1-877-267-8154. If you have questions about your rights as a survey participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Ethics Review Board.